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ABSTRACT

This book describes an action research program in a child welfare agency. The purpose of the program was to evaluate agency services and to disseminate agency thinking and experimenting to other social workers. In the introduction (Part I) the development of the research project is briefly outlined. In Part II the areas in which research was conducted are elaborated. Background to the study, plan of the study, summary and implications of the findings and other information are provided for each area of investigation. Research areas include adoption, foster care, counseling, day care and affirmative action. A brief discussion and evaluation of the implementation of computer processing of research data are included. Part III offers conclusions about the uses of research in a social work agency. Researcher sensitivity to the needs and concerns of agency personnel and the utilization of personnel input are key elements in the success of the research programs. (RH)

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# RESEARCH IN ACTION

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**Research in Action**

# The Uses of Research in a Social Work Agency

Joan F. Shireman
Penelope R. Johnson

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## Foreword

The surveys and studies in this collection are the work of the research staff of Chicago Child Care Society and are published as part of the celebration of the 125th anniversary year of the agency.

Research, as well as demonstration and teaching, has been a vital element in the agency's life. However, not until 1967 with the presence of Dr. Joan Shireman did the efforts become formalized in a department. As demands for service increased with the population increase in the decade of the sixties, inquiries arose concerning methods, procedures and practices. Traditional programs were criticized. Staff members became restive for clues and answers. What is included in this collection are the results of questions asked by agency staff rather than questions posed by research personnel interested in a particular project from outside the Society.

More extensive projects typified by the Longitudinal Adoption Study now in its fifth year have been reported in a previous printing.

The papers included here have particular value to the Society in staff development and in program planning, as well as in the areas already cited.

Dr. Joan Shireman and Mrs. Penelope Johnson have been responsible for directing this set of studies, with the assistance of a number of staff persons in the research department and in the various programs.

(Mrs.) Marion P. Obenhaus
Executive Director
Chicago Child Care Society

Spring, 1976

**Acknowledgements**

The experience of pulling together several years of work for retrospective examination has been satisfying; such a luxury is not often available. We are grateful to Marion P. Obenhaus, Executive Director, and the Board of Directors of Chicago Child Care Society for the opportunity to celebrate the agency's 125th anniversary in this way.

Many persons have aided the completion of this volume. In addition to the individual writers of the reports, we thank Elizabeth A. Borst, Ellen Ryan Rest, and Kenneth W. Watson for their editorial assistance.

We give special thanks to Rose C. Broder for her patience and proficiency in typing what seemed to be interminable drafts of this material. Indeed her cheerful persistence greatly aided the progress of the writing.

We are indebted to the clients for their participation in various research studies. It is through their contribution that services can be tailored to fit the ever changing needs of a community and its individuals.

Finally, a research program in an agency is not possible without the cooperation of the staff members. We are grateful to the CCCS staff for their involvement in the research program, both through their aid in the planning and execution of the various projects and through their participation in the endless inquiries inherent in research in an agency. Their experience and expert knowledge has greatly enhanced the quality of the research. Questions and ideas raised by staff members have stimulated many exciting discussions and have helped the research to become a vital part of the agency.

Joan F. Shireman
Penelope R. Johnson

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# Part I

# Introduction

## 1. THE DEVELOPMENT OF A RESEARCH PROGRAM IN A CHILD WELFARE AGENCY

Social work is action oriented. Its core is intervention to facilitate better human interaction. Intervention requires decision making. Faced with a client in a situation, alternative courses of action are possible for the worker. How does the worker decide what to do?

Many, perhaps most, decisions are based on a sort of "best judgment", relying on experience in practice and information synthesized from ideas of teachers, gifted clinicians, and professional peers. Synthesis is an individual, private process. Principles of practice are often neither communicated nor verified in such a way that they can become part of the public knowledge of the profession. This "best judgment" is further limited when, because of rapid changes occurring in society, information available from past experience seems inadequate.

At the same time, social forces are demanding that principles of social work practice be verified. Practitioners wish to maximize skills, and clients want reassurance about treatment quality. The community is demanding an accounting of funds expended in programs of demonstrated effectiveness. Faced with these demands, and with changing social conditions, social workers realize that practice methods must be tested in a rigorous and communicable manner. In today's world, this means validation through empirical study.

Social agencies are accepting responsibility not only to provide the best service possible, but also to test assumptions on which practice rests, adding to the knowledge of the field. To accomplish this, agencies are increasingly turning to formal research. There is interest in utilizing research findings from other settings. There is also, in some agencies, interest in incorporating research into the agency program.

**Development of a Research Program**

In the autumn of 1967 Chicago Child Care Society began an experiment with a new service, a research department, within the agency. At that time, a "director of research," charged with the responsibility of developing a research program, joined the staff. The purpose of the program was to evaluate agency services, and to bring about a sharing of agency thinking and experimenting with the social work field.

The research program began with a design to evaluate a new agency service, adoption of children by single parents. Other projects were developed to focus on evaluation of new and/or problematic program areas. Relatively soon administrative and casework staff began suggesting ideas for inquiry. In a variety of projects in the adoption program the research department tried to help work out some answers around recruitment of homes for older black children and alternative ways of giving service. In response to administrative requests, staff began to develop program evaluation in the day care center, and to explore some facets of the agency's new counseling service. Increasing interest of treatment staff led to a number of projects in which administrative and treatment staff worked with research staff in planning and executing projects. Focus remained on evaluation of specific aspects of agency program — usually those in which there was some difficulty or uncertainty, and always aspects that were central in the overall concerns of agency staff.

Testing principles of practice so that findings will be useful to the worker, the agency, and the profession is complex. It begins with discovering and articulating the worker's questions about practice, and devising a way of looking for an answer without distorting the question or including unnecessarily threatening evaluative components. Removing the "mystique" of research methods through good communication is necessary. Finally, if research findings are to be utilized, reluctance to give up or modify the known, practice-based wisdom needs to be overcome.

Early in 1974 it became evident that the research department had been successfully established. There was increasing and productive interaction between research staff and other staff. At periods of uncertainty about a course of action, thought was usually given to the possibilities of systematic investigation. A major, long-term project was under way and another being planned. Staff had grown steadily aware of the value of the very small project examining a practice question and providing data within a few weeks or months. The research department was able to plan to keep a "mix" of these

two types of projects under way. A short list of publications attested to the department's involvement in communicating new program ideas.

At this time research efforts took a new direction. Without abandoning the attempt to respond to questions of practice, the research staff began to direct some of its work toward more basic inquiry in child development. By mid-1975, it appears that this may become a major component of the research program. Focus thus may shift away from exploration of immediate questions raised by the agency program to investigation of underlying issues. However, it seems evident that maintaining a close tie between research and practice will continue to be the major strength of the program.

**Staff**

Another measure of the department's activity is its increasing staff. Since 1967, the following persons have devoted a major share of their time to research. Also, many caseworkers have been involved in specific projects.

| | |
|---|---|
| Joan F. Shireman, Director | 1967 - 1975 |
| Penelope R. Johnson, Research associate | 1971 - present |
| Ellen Ryan Rest, Part-time Research associate | 1974 - present |
| Lois Thiessen Love, Research associate | 1975 - present |
| Beverly A. Kimble, Research assistant | 1973 - present |
| Sarah Cutter, Volunteer | 1968 |
| Part-time Research assistant | 1969 - 1971 |
| Eutetra Francis, Part-time Research assistant | 1971 - 1972 |
| Dorothe Ernest, Part-time Research assistant | 1973 - 1975 |
| Mary Rivers, Volunteer | 1972 - 1973 |
| Christiane Ronneberg, Volunteer | 1973 - 1974 |
| Social work students with training positions at CCCS: | |
| Eutetra Francis, University of Chicago | 1969 - 1970 |
| William Page, University of Chicago | 1969 - 1970 |
| Claudia Labarces, University of Chicago | 1971 - 1972 |
| Lois Thiessen Love, University of Illinois | 1974 - 1975 |

# Part II

# The Research

## 2. STUDIES IN ADOPTION

Over many years the adoption service of CCCS has been directed to placing children who are black or of mixed racial origin. The decrease in adoptive placements in the past few years reflects society's changes — the birth rate has been lowered considerably and more unmarried women are raising their own infants. Today both black and white infants are in demand, and families are waiting to adopt these children. Although focus on the black infant continues, the efforts of the adoption department are now also directed to placement of children who are older, or physically and mentally handicapped.

In the years between 1967 and 1970, however, one of the major problems in agency service was finding homes for black infants, surrendered for adoption and growing up in foster homes. Early research inquiries centering around this concern resulted in three publications, and were of considerable interest to many persons working in adoption. Descriptions of these and other studies follow.

**A Follow-up Study of Black Children Placed with White Couples, Black Couples, and Single Persons**

This study was inaugurated in 1967 in response to the uncertainty of social workers making a new type of adoptive placement: those with single applicants. Across the country professionals were worried about the capacity of these homes to provide an adequate growing environment for children. Use of longitudinal research to evaluate the placement provided no immediate answers, but it seemed that at least in collecting data about these families periodically, information was gained for later use. White couples were included in the design to provide increased knowledge of specific problems faced in transracial adoption, and black couples were included as a comparison group.

By the time the first phase of the study was published in 1975, the attention of social workers was no longer centered on single parents. The black community had raised many questions about white parents' ability to foster appropriate indentity in black children, and to enable the children to meet the world with self-esteem. Many agencies in response had stopped making transracial placements, and there was much controversy. In continued gathering of data, it was apparent that analysis of the transracial placements was going to be crucial.

As the study design evolved, Illinois Children's Home & Aid Society asked to be included. This agency's staff felt the same uneasiness and desire for more information. Their participation enriched the study greatly, for the study now spanned the practice of two agencies, and sample size was doubled. The project was funded in part by the Community Trust of Chicago. The study was reported in *Research Relating to Children* and has generated much interest. When completed, it promises to be a major piece of adoption research.

The study is planned as a longitudinal study, during which research workers will visit families at approximately four year intervals. Christmas cards and summer newsletters have kept the families and the project staff in touch. Families are interested and cooperative. Data collected will vary somewhat with the developmental tasks and community involvement of children at various ages, but will focus on: (1) monitoring the process through which these children in different situations develop their sense of self-identity, and (2) describing the specific difficulties these families face.

*Adoption: Three Alternatives*[1] is the report of the first phase of the study, and is concerned with the families prior to and immediately following adoption. It will be the first of a series of reports on the welfare of these families as the children grow. "Single Persons as Adoptive Parents," published in the *Social Service Review*,[2] focuses on this type of adoption. It includes descriptive

1. Joan F. Shireman and Penny R. Johnson, *Adoption: Three Alternatives* (Chicago: Chicago Child Care Society, 1975).
2. Joan F. Shireman and Penny R. Johnson, "Single Persons as Adoptive Parents," *Social Service Review*, Vol. 50, No. 1 (March, 1976), pp. 103-16.

material and a report on the beginning of the follow-up of these families when their children are 4 years old.

## SINGLE PERSONS AS ADOPTIVE PARENTS
### Abstract of Article

In an attempt to find permanent homes for as many children as possible, adoptive agencies have considered a variety of alternatives to the traditional placement of a child with a mother and father of his own race. The newest of these is placement of children with single parents, begun as recently as 1965 by the Los Angeles County Bureau of Adoptions. Placement with single persons has in general met with community acceptance; everyone knows of someone raised by a single person. Adoption workers have been concerned, however, about whether a home with this "different" composition really offered a child a chance for normal growth and development.

Over the years the characteristics of the "hard to place" child have changed somewhat. As recently as five years ago there were few applicants for the black infant; currently it is the older child and the handicapped child for whom it is difficult to find a home. Thus the central question about the usefulness of single parent homes is whether such homes can provide the environment needed by an older and/or handicapped child. Perhaps the answer to this can be discovered, at least in part, by looking at the charactieristics of these parents and the children they have already adopted.

The group of adoptive applicants studied could be considered marginal homes only with regard to single status and low income. They seem to be strong, healthy people, well educated, with good jobs. Many have a family model not unlike the one they are creating, for 50 percent grew up with only one of their natural parents. The independent life style which characterized the group studied in Los Angeles does not seem apparent among these parents, more than a third of whom lived with relatives, and many of whom had not formed close relationships with friends. In a practical sense, their interdependence with extended family may provide considerable security.

Single applicants were fairly flexible in describing the type of child they could care for. Adoption workers were cautious in evaluating these homes and generally placed young, problem-free children. The question arises whether children who make more demands could have been placed in these homes.

Single parents reported many problems immediately after placement, perhaps a function of anxiety made more acute because the parent had to cope alone. After two months they reported fewer problems. Families had been supportive and child care plans had worked.

Considering the data of the follow-up contact when the children were four years old, one is impressed with the diversity of these single parent homes, not only in such things as family structure, income, and occupation, but in their ability to meet the needs of a child. If there is a "typical" home it must be numerically identified as the isolated parent who centers his life around the child. Whatever problems this may later bring, apparently this kind of attention meets the needs of very young children very well. But there are five families in which the adopting parent has high expectations for the child and in which, to varying degrees, affection and support are provided by someone else in the family. On the other hand, there are five single parents in this group who are providing really superlative homes for children.

* * *

**Adoptive Applicants Who Withdrew**

When this study was designed, the adoption department was engaged in vigorous recruitment efforts to find families for black children needing homes. Speeches, newspaper publicity, television announcements brought a good response, but a discouragingly high proportion of the applicants then withdrew. Agency staff wondered why.

This study is a good example of one simply designed and executed quickly and with little cost. It was intended to provide information needed immediately for an ongoing program, and perhaps to develop research questions for further exploration, either through more sophisticated research or in practice itself. The immediacy of these "task-oriented" studies has made them exciting for researcher and practitioner.

## ADOPTIVE APPLICANTS WHO WITHDREW[1]

Why do families inquire about adopting a child, seem interested, receive a response that the adoption worker believes to be encouraging, and then withdraw? Why do they fail to keep a first appointment? Why do they drop out in the middle of a study? These are the questions which lay behind a decision to investigate the reasons for the withdrawal of families who indicated interest in adoption, but withdrew before engaging in or completing the study period.

Possible reasons for withdrawal are many. If the family is unfit to adopt, withdrawal may be a good solution for child, family, and agency. If an environmental crisis has arisen, the family may later re-apply. But if the family was simply not ready to adopt, was there anything that the agency might have done to prepare the home for a child? Or, if the family was discouraged in learning about the process of adopting, should there be a modification of that process?

Adoption workers tend to accept withdrawal of a prospective adoptive family as an indication that the family is not suitable to adopt a child, not suitable because the prospective applicants lack the high motivation that will sustain them through years of parenting. The "drive" to comply enthusiastically with the requirements of the adoption study is one of the means used by adoption workers to test parental capacity.

Yet it is possible that the motivation to be a parent and the capacity to be a parent are separable. Familiar indeed is the determined, highly motivated applicant who is judged to have little capacity to be a parent. He persists despite all the agency's attempts to reject him. The applicant who withdraws has limited motivation to adopt, but his capacity is unknown. Some agencies are now exploring the possibility of development of adoptive homes through enhancing parental capacity. Should the idea of enhancing motivation—at least to the point at which the applicant becomes accessible for evaluation of capacity—not also be explored? Recruitment of homes is a beginning attempt to increase motivation, but surely it is possible to go further.

Like many other agencies, the Chicago Child Care Society, a voluntary child-placing agency, has been engaged in an active program of recruitment of homes for minority-group children. Homes are particularly sought for the black child or the child with one black and one white parent. When a family that is interested in adopting such a child is reached by publicity, it is hoped that interest in adopting will be sustained until the family and the agency have

1. Reprinted from the *Social Service Review*, Vol. 44, No. 3 (September, 1970), 285-292, by permission of The University of Chicago Press. Copyright, 1970, by The University of Chicago.

determined whether adoption is a good plan. However, approximately 30 percent of the applicants who inquire about adopting such a "hard-to-place" child break off their contact with the agency, often without explanation.[1]

**Study Plan**

In 1967 and 1968 a total of 129 families that had inquired about the adoption of a black child withdrew. As these applicants had in the past been unresponsive to letters of encouragement, an inquiry by telephone was used to obtain information.[2] The agency's concern about the reasons for withdrawal was explained. The applicant was asked about his reason for breaking off contact and about any continuing interest in adoption. Then a check list of "some fairly common reasons" was discussed with the applicant in an attempt to help him elaborate his initial statements. At the end of the conversation he was asked if there was anything he thought the agency might do to be of more help to other applicants. Respondents seemed interested, and many continued the discussion for half an hour or longer.

Data analysis was relatively straightforward. Applicants' reasons for withdrawal were classified into four categories by the interviewer and the study director. Both major and minor reasons were noted. There was little ambiguity; most respondents were specific in the reasons they gave. It must, of course, be recognized that these are the respondents' stated reasons; we have no data on any underlying dynamics. A judgment was made about the future promise of the home. Respondents were rated as follows:[3] (*a*) will re-apply as soon as circumstances permit; (*b*) need more encouragement, information, or supplemental services to stimulate interest in adoption; (*c*) will not adopt from Chicago Child Care Society, but will probably be good parents to other children; and (*d*) will probably never adopt because of known negatives in situation, severe and continuing crisis, or a definite decision not to adopt.

The sample consisted of every family that had inquired in 1967-68 about the adoption of a black or part-black child, that was not rejected,[4] and that did not receive a child from the agency. Seven applicants had moved out of the state, and an additional 42 could not be located. Of the 80 who were reached, 61 were black, of whom 4 were single persons; 3 were mixed black-white couples; 15 were white, including 3 white single persons; and one was an oriental family. The white and oriental applicants had inquired about "a child of any racial mixture, including black."

1. In 1967-68, of all applicants to Chicago Child Care Society for minority-group children, 29 percent withdrew, 28 percent were rejected, and 43 percent had children placed with them. Most rejections—60 percent—occurred at some time after the applicant had been interviewed, but most withdrawals, 65 percent, occurred before the applicant came to the agency.
2. The telephoning was done by Sarah Cutter, a volunteer who worked extensively in the planning and execution of the study.
3. Judgments were made independently; in 87.4 percent of the cases raters were in agreement.
4. Rejection was defined as an agency decision to reject, whether or not this had been communicated to the couple.

Withdrawal occurred at various times during the study, but was most frequent after the initial telephone call. Approximately 65 percent withdrew after this initial inquiry, 20 percent after an intake interview, and 10 percent after return of the application blank. Three black couples withdrew just as the study was completed.

From the little that is known about them, these applicants seemed to share characteristics with those who adopt. Ages ranged from the twenties through the early fifties. Approximately one-third of the white husbands held professional positions, and one-third were in business firms. Among the black applicants, there were 8 in the professions and 9 in business. The remaining men were employed as bus drivers, factory workers, postal clerks, repairmen, maintenance workers, etc. All applicants resided in Chicago or its suburbs.

**Reasons For Withdrawal**

Reasons given for withdrawal could be broadly classified as *(a)* expectation of having a child (pregnancy or the offer of a child through adoption), *(b)* an environmental crisis, *(c)* recognized unreadiness to adopt a child, and *(d)* difficulties with the service offered by the agency.

Of the 80 applicants, 34 withdrew in situations unmodifiable by the agency. As shown in Table 1, 12 suddenly had the promise of a child and thus were uninterested in adoption from this agency, at least at this time. An environmental crisis, such as financial difficulties or illness, was given as the reason for withdrawal by 22 of the applicants.

**TABLE 1**
**Major Reasons For Withdrawal, By Race of Applicant**

| Reason For Withdrawal | Total | Race of Applicant | |
|---|---|---|---|
| | | Black | Other |
| Total | 80 | 64 | 16 |
| Child expected | 12 | 10 | 2 |
| Pregnancy | 8 | 6 | 2 |
| Other source | 4 | 4 | |
| Environmental crisis | 22 | 15 | 7 |
| Financial problems | 7 | 4 | 3 |
| Illness or accident | 6 | 5 | 1 |
| Other | 9 | 6 | 3 |
| Not ready to adopt | 23 | 22 | 1 |
| Reluctance of one or both partners | 20 | 19 | 1 |
| Overt marital problems | 3 | 3 | |
| Difficulties with agency service | 22 | 17 | 5 |
| Lack of encouragement | 11 | 8 | 3* |
| Problems with requirements | 11 | 9 | 2 |
| Inquiry only | 1 | | 1 |

*Includes one oriental couple.

Among families who may have wished more or different service from the agency were 23 who withdrew because they were not ready for adoption and 22 who were discouraged by some aspect of working with the agency. Thus it appears that roughly half of these applicants might have been at least in a position to explore their interest in adoption with the adoption worker. Of course, some might have decided not to adopt, and some might not have been able to provide suitable homes.

An additional 25 families, who could not be reached by telephone, had told the worker why they were withdrawing at the time they broke off contact with the agency. Of these, 14 withdrew because of some environmental crisis or change; half of these were out-of-state moves. Five families, 3 of which were black, withdrew because they were not yet ready to adopt, 3 families because of unexpected pregnancy or the offer of a child from another source, and 4 because of some unhappiness about the agency's adoption procedure. When these families are added to those surveyed, it is clear that the withdrawal of about half of the applicants stems from problems with service or a wish to think longer about adoption.

*Other source of child.* Twelve applicants withdrew because of pregnancy or because of the offer of a child from a private source or another agency. About half of these stated that they were interested in re-applying when their youngest child was old enough. Of the 10 black families who withdrew because a child was expected, 3 had adopted a first child offered privately and expected in a year or two to adopt a second from this agency; one family unexpectedly had its own child and wanted another, but would need a subsidy; one had a third boy born to them and wanted to adopt a girl later; one family had lost a three-month-old baby and wished to adopt later, after recovery from their grief; and one had not expected to be able to have any children and expected to enlarge their family by adoption. Both white families withdrew because of unexpected pregnancies, but one maintained its interest in transracial adoption at a later date. The other decided the family was as large as they could manage.

*Environmental crisis.* Environmental crises included financial problems, illness, and the need to complete work commitments. Most of these seemed to be realistic family crises, though a few may have been "cover-ups" for unreadiness to move ahead with adoption. All but one of these 22 families were still childless at the time of the follow-up contact. The one who had a child was a single woman who had withdrawn because she was unable to furnish proof of divorce; she had taken in a relative's child. Almost three-fourths of these families maintained an interest in adoption.

There were few associations of types of crises and characteristics of applicants. Though a higher proportion (almost one-half) of the white applicants were involved in a problem, white and black applicants told of the same types of difficulties. Though white families tended to be in business or professional occupations (70 percent) and black families in service or factory labor occupations (65 percent), there was little association of occupation and reason

for withdrawal, except that all withdrawals in order to complete work commitments came from persons in professional or business occupations.

Eleven of these families stated that they planned to re-apply when the crisis was over. An additional 5 maintained interest but, having survived a financial setback, thought they might need a subsidy in order to adopt.

*Unreadiness to adopt.* Twenty-three families stated that they withdrew because they had decided they were not yet ready to adopt. In 20 families one or both partners simply wanted to think over the idea of adoption for a longer time. Three families had marital problems that made one or both feel it unwise to adopt at this time.

Only in this category was there a marked difference between races. One-third of the black families and only one white family exhibited recognized uncertainty about adoption. In 15 black families, the husband was unwilling to adopt, but the wife eager.

The reason for this large number of "reluctant husbands" is of much interest to those trying to develop homes for children, but the data give few clues. All occupational categories were represented, in about the same proportion as in the total sample; most wives also worked. These couples requested both boys and girls, from infancy through preschool years. Examination of explanations given does not reveal a definitive concern. Difficulty in accepting the child of another, fear of responsibility, and wanting a house or car first were mentioned. About half the husbands refused to discuss their reluctance with their wives. The marital strain caused, or masked by, this difference is difficult to assess. It was obvious over the telephone in 3 families, and the evident unhappiness of many of these wives was distressing. Most wives of this group saw themselves as needing to find ways to push their husbands into thinking and talking about adoption.

These 23 families evidence less potential for taking children in the future than do other groups. No families had obtained children since withdrawing. Only one intended to re-apply to adopt; the wife reported that after much discussion the husband was now ready. Nine other couples indicated they might re-apply if given encouragement. The rest, 13 of the 23, remained unready or had decided not to adopt.

*Discouragement about the adoption process.* Twenty-two families reported discouragement about some aspect of working with the agency. Among the black families, 8 stated that the worker did not "encourage" them sufficiently, and 9 were discouraged by agency requirements. Lack of "encouragement" was felt by 3 of the 5 who were seeking to adopt transracially and had difficulty with agency service.

What is this lack of "encouragement"? Five black couples reported that they were fearful—afraid of interviews, afraid of being "turned down." They were not specific about what the worker might have done to reassure them.

Another 5 families, 3 black and 2 white, wanted two- or three-year-old children, either because of their own children's ages or because of a wish to offer a home to a "harder-to-place" child. These 5 believed that the worker had tried to "talk them into an infant." Because they doubted that their request for an older child would be met, they had withdrawn.

Of the 10 who understood agency requirements, but were discouraged by them, 9 were black. The most common problem, seen in 3 families, was the working wife's inability or reluctance to take a month off from work after placement of a child. Other specific reasons given by more than one family were that the time for interviews was inconvenient and that the study and placement process moved too slowly. Only one family actually misunderstood agency requirements and thought that they could not adopt if they had children of their own.

**Summary**

From the above data it is possible to speculate that there are three different "types" of withdrawals from an adoptive study. First, applicants may withdraw because of reasons outside the adoption study itself—an unexpected pregnancy, the offer of a child from another source, or an environmental crisis. These withdrawals are equally likely to occur before or after an interview at the agency. Those who withdraw due to an environmental crisis show the most continued interest in adoption; more than three-quarters in the study said they intended to re-apply. Those who withdraw because a child is expected evidence almost as much continuing interest, with one-half planning to adopt when their youngest child is older. There is little that any agency could do to affect these withdrawals, and a high proportion of this group may eventually adopt.

A second group consists of these who withdraw because they are discouraged or unhappy about some aspect of agency service. Two families in this study had turned to another source for a child, and about two-thirds indicated some continued interest in adoption. However, most indicated that they would need considerable reaching-out from the agency if they were to become involved. Since agency policies seem reasonably flexible, since about 65 percent of the applicants withdrew after telephone contact only, and since three-fourths have not obtained a child from any other source, questions must be raised about the degree to which a problem with service was used to mask a real unreadiness to adopt.

In marked contrast to both other groups is a third group, consisting of families with a recognized unreadiness to adopt. The fact that all but 5 of this group withdrew after only telephone contacts may indicate that considerable ambivalence is probably resolved before a couple keeps an appointment. None of these applicants had children. Only 40 percent showed any continued interest in adoption. One group emerged with particular distinctness, the group

of black families in which the wife was enthusiastic about adoption and the husband reluctant. At follow-up, half had decided not to adopt, and only one family indicated that it was ready to proceed.[1] This group of families, then, seems relatively unlikely to become adoptive parents.

Thus families who withdraw because of expected children or environmental crises seem to offer a good deal of promise as adoptive homes in the future. Those who withdraw for other reasons offer less promise, but they also present some challenges for service.

**Implications for Adoption Practice**

These families who have withdrawn obviously have limited motivation to adopt. Their capacity to parent children is, however, unknown. Because of the great need for homes, it may be worth extensive effort to attempt to involve some of these families in a consideration of adoption. This attempt must be viewed as experimental; the techniques for involving weakly motivated clients are not well developed in social work practice, and the interrelationships of motivation and capacity are not theoretically clarified.

The families in this survey were asked if they had any suggestions about information or procedures which the agency might use to make adoption a more comfortable experience for other applicants. Written material which they might study at home, a chance to talk with workers without making any commitment to adopt, and a chance to talk with others who were thinking about adoption or had adopted were the most commonly made suggestions.

A detailed pamphlet stating agency policies and requirements for adoption was suggested by 10 respondents. They thought such a brochure would have helped them to study and think about adoption procedure, would have answered questions which arose after talking with the adoption worker, and would have helped them form some idea of whether they were likely to be acceptable as adoptive applicants. They would have liked to receive this after the initial telephone inquiry. Such a brochure is obviously difficult to prepare in any agency that stresses flexibility of approach to the individual. However, in the light of the fact that 11 applicants withdrew because they felt discouraged by agency requirements or because they misunderstood policy, a brochure might be a useful addition to information currently given applicants.

Responses from the survey indicate that, while some applicants are ready to commit themselves and engage immediately in an adoptive study, others may need much longer periods of exploration before actually filing an application. A flexible intake procedure, combining mixtures of office interviews, home interviews, and group meetings as the applicants' interests dictated, might yield increased numbers of families interested in considering adoption. Stress through this process should probably be on demonstration of the interest of the agency and on the exchange of information and ideas between applicant and

1. This family later made an appointment to begin an adoptive study, but again withdrew, failing to keep this appointment.

worker. Applicants apparently need to be reassured that initial engagement does not commit them to adopt and that the agency wishes to help them explore their interest.

A meeting with other couples also considering adoption was suggested by 10 respondents, and examination of the data indicates that there are common concerns among these people which they might well explore together. Theoretically, this technique should be most suitable for the applicants who state that they are unready, but are still considering adoption. Such a program should include evaluation of the success of group discussion in helping couples resolve ambivalence (one way or the other) and of the form an adoptive study most profitably takes when a couple comes from such a group.[1]

Another technique that might be tried is initial interviewing in the applicants' home, if the applicants wish. Eleven couples expressed a need for more encouragement, and withdrawal rates fall off sharply when the applicants have had opportunity to talk to a worker. Of course, at present those who see workers have sufficient motivation to come to the agency. One would like to think, however, that exchange of ideas with the worker was also important in motivating the applicant to adopt, and certainly such a visit would be demonstration of encouragement and interest. Such an initial home visit might be followed by involvement in group discussion if the applicant wishes to think longer about adoption.

Such efforts at involvement of applicants and resolution of ambivalence must be viewed as frankly experimental. This survey has revealed some of the overt reasons that applicants give—to us and to themselves—for their hesitancy about adoption. However, the underlying dynamics which differentiate these applicants from those who adopt are unknown. As innovative service is tried in an attempt to involve these families in adoption, account should be kept both of initially presented reasons for hesitancy and of subsequently uncovered reasons. It is quite possible that various agency approaches will differ in effectiveness according to the manifestations of ambivalence.

The task of the adoption worker is to find a home for every child who needs one. Traditionally this has meant evaluating the capacity of applicants who were ready and eager to take children into their homes. More recently, some agencies have begun to work with adoptive applicants, when needed, in an attempt to enhance parental capacity. Perhaps it is also possible to develop motivation. If an agency is willing to provide experimentation in service, much encouragement, and endless patience, it may be possible to keep some applicants who currently withdraw and to provide some additional homes for children who need them.

* * *

1. Such a group was attempted at Chicago Child Care Society following this survey. Eleven families were invited to "meet with each other and a couple who had adopted and a worker to discuss their common concerns and obtain any information they wanted." Seven expressed interest in a meeting, but no one actually came to either of two scheduled meetings.

## Subsidized Adoption

Finding permanent homes for black and other "hard to place" children was a pressing concern of both public and private agencies. The Child Care Association of Illinois decided to explore the use of subsidies as a device in recruiting adoptive homes, hoping to demonstrate a need for funds to the state legislature. The Association called on the research staff of Chicago Child Care Society for guidance in developing and carrying out this project.

### SUBSIDIZED ADOPTION

### A Study of Use and Need in Four Agencies[1]

Subsidized adoption is a new way to provide additional good and permanent homes for children who need them. Because it is a new service, relatively little is known about it, and its value is controversial. The Child Welfare League states, "Subsidies that would make it possible for a child to have both a permanent home and continuity of care and affection are clearly a more beneficial arrangement—and would in the long run cost the community no more—than the alternative of long-time foster care."[2] However, others have had more reservations. Why is subsidized adoption preferable to foster care? Is it a "poor man's" adoption? Is there much need for subsidized adoption? For which children is this service appropriate? How much agency supervision is involved in a subsidized adoption? Does subsidized adoption really save the community money? These are among the many questions which have been asked.

Subsidies are another resource to bring to the task of finding a home for every adoptable child. Any child who can benefit from family living, who has no evident ties with his own family, and who has been either voluntarily released for adoption or could be freed by judicial termination of parental rights should be considered adoptable. A subsidy may be defined as a payment or payments which enable a family who cannot meet the full cost of care of a child, but who otherwise would be good parents to this child, to adopt him and receive continuing payments for part of the cost of his care. Subsidies may take many forms. Payments may continue at a set rate until the child is eighteen, may be periodically re-evaluated in the light of the family's changing circumstances, or may be one or many payments for a specific purpose, such as medical care. A child may be placed in an adoptive home with plans for subsidy, or a child (often school age) who has been in a foster home may be adopted by his foster parents with a subsidy. In either instance, the subsidy facilitates finding a permanent home.

1. Reprinted with permission of the Child Care Association of Illinois. This study was undertaken by the Adoption Section, Chicago Region, Child Care Association of Illinois, 1969.

2. Child Welfare League of America, *Standards for Adoption Service* (New York: Child Welfare League of America, 1968) pp. 72-73.

Though many questions have been raised and many opinions voiced, little is known about the need for subsidies, the characteristics of children for whom subsidies are needed, or the actual saving to the community. Nor has there been study of whether subsidized adoption really does offer a better growing experience to the child than does foster care. The assumption that it is a better experience underlies this study, but is not investigated. It was to expand knowledge on the uses and cost of subsidies that this study was undertaken.

**Plan of the Study**

Information was gathered from a randomly selected sample of 600 children in foster family homes and subsidized adoptive homes. At the time of the sample selection (February, 1969) no public funds were available for subsidized adoption.[1] Thus, in order to determine how subsidies have been used, a random sample of 100 cases each was drawn from two private agencies, Chicago Child Care Society (CCCS) and Illinois Children's Home and Aid Society (ICH&A). About 90 percent of the children in foster care or subsidized adoption in these agencies was sampled. In order to determine the need for subsidy, a random sample of 200 cases was drawn from the 4000 children in foster family care in Children's Division of the Cook County Department of Public Aid (CD), and 200 from the 600 children in Foster care in the Champaign Region of the Illinois Department of Children and Family Services (DCFS).[2] This is one region of statewide public agency serving approximately 4000 children in foster family care, 3000 in largely rural regions and 1000 in Cook County, the metropolitan Chicago area. Thus about one-twentieth of the public agency caseload in Illinois was sampled.

Exclusions from the sample were made for a number of reasons. Infants under three months were excluded as it was thought that most move rapidly into adoptive homes without use of subsidies. As investigation was focused on children who might benefit with only the addition of subsidies to existing services, children in institutions or group homes were not included. If resources for homefinding were available, there might be additional need for subsidies among these children. Also excluded from the group from which the sample was drawn were children living with relatives, who were assumed to have continuing ties with natural family, and children in adoptive homes without subsidy.

Most data collection was done by committee members. Each worked within the agency in which he was employed.[3] Each caseworker whose

1. At the time of preparation of this report, a bill permitting the use of public funds for subsidized adoption was before the Illinois Legislature. If passed, Illinois would become the Fourth state to authorize subsidized adoption.
2. CCCS is a Chicago area multiple service agency whose adoption program is geared to the hard-to-place child. ICH&A is a state-wide multiple service agency with adoption as one of its major services. CD serves only Cook County children and the adoption service is primarily to children whose foster parents adopt them. IDCFS is a state-wide agency charged with the responsibility of meeting the needs of children for whom there is no other agency to provide service and the programs of the several regions vary according to the other agencies in each.
3. Committee members working on data collection were: Hazel Johnson, CD; Jeanet Swenson Hicks, ICH&A; and Kenneth Watson, CCCS. Not committee members, but participating in planning and data collection were Elaine Schwartz and Judith Jakobowits, DCFS. Participation in committee discussion through which the questionnaire was developed and a training session in use of the questionnaire preceded the actual data collection. It was hoped that editing by a single person would insure sufficient consistency of data.

caseload contained a child in the sample was interviewed about that child; if a worker was not available a supervisor was interviewed. Cooperation was excellent. Though estimates for cost of care could generally be made only for direct, out-of-pocket costs, workers were able to give quite complete information about each child, his availability for adoption, and the plans for his long-term care.[1]

### Description of the Sample

In general, the 600 children in the sample seemed to reflect the populations served by the agencies. Half of the children were boys, half girls. Approximately 30 percent were pre-schoolers (21 under one year, 30 one year old, 33 two years old, 38 three years old, and 50 four years old), 35 percent were between five and ten years, and 35 percent were ten years or older. Within Chicago, more than three-quarters of the children in CD foster homes were of Afro-American background as were two-thirds of the children in CCCS homes and one-third of those in ICH&A homes.[2] Probably reflecting the different racial composition of the population served, only one-quarter of the children in DCFS foster homes were of Afro-American background. About 3 percent of the children in each agency were of Indian or Latin American descent. Thus, only in race was there any appreciable difference among the children served by the four agencies.

Agencies did differ in the age at which children come under care and in the length of time they had been in agency foster homes. Apparently foster care meets a need for temporary child care in less urban areas which may be filled by other services in the city. Children have been in the care of the three Chicago agencies from less than 1 month to 18 years, with a median of 5 years in care in ICH&A foster homes and 3 years in CD or CCCS foster homes. About one-third never lived with their own parents. Two-thirds of the children in the care of the private agencies were under 5 years when they first came under the agencies' care, as were half of those children currently in CD foster homes. Downstate the picture of care is different. Only one-third came under agency care at less than 5 years of age. The longest any child had been in DCFS foster homes was 14 years, and the median number of years was only 2. Only one-tenth had never lived with their own parents. Thus it appears that outside the metropolitan area, children of any age may move rather rapidly into and out of foster care, while in Chicago children tend to enter foster care young and remain in foster care.

### Plans for Future Care

Given the resources currently available, agencies are going to be able to plan on a permanent home for only about one-third of these 600 children. As

1. The sample was drawn from payment vouchers for February; there was some attrition as children moved out of foster care before the end of February. Seven children moved out of CCCS foster homes, 5 from DCFS homes, and 2 from CD homes before data collection, and were consequently dropped from the sample. Six of these children returned to their own homes, 4 moved to adoptive homes, 2 moved to institutions; 1 joined the army and 1 joined the Job Corps.
2. A small proportion of the ICH&A sample came from districts outside Chicago, which may in part explain the lower proportion of children of Afro-American background.

presented in Table 1, approximately 10 percent will return to their own homes, and about one-quarter will be adopted. In the current situation, adoption will be possible for only 7.6 percent of the children in the care of the public agencies, while it will be possible for 39 percent of the children under the care of CCCS and ICH&A, private agencies which have funds available for subsidies.

**Table 1. Plans for future care of children by agency planning for children. In percentages of children in foster care on Feb. 28, 1969.**

| PLAN FOR FUTURE CARE | Agency | | | | |
|---|---|---|---|---|---|
| | DCFS | CD | CCCS | ICH&A | Total |
| Adoptive planning possible | 14.4 | 32.0 | 31.1 | 47.0 | 31.1 |
| In subsidized adoptive home now | — | — | 9.6 | 17.0 | 6.6 |
| Traditional adoption within 6 mo. planned | 1.5 | 4.5 | 18.1 | 10.0 | 8.5 |
| Traditional adoption possible | 7.2 | 2.0 | 1.7 | 11.0 | 5.5 |
| Subsidized adoption possible | 5.7 | 25.5 | 1.7 | 9.0 | 10.5 |
| Will remain in Current Foster Home | 45.6 | 39.5 | 58.8 | 51.0 | 48.7 |
| Apparently has tie to own family[1] | 25.3 | 21.5 | 30.0 | 27.0 | 26.0 |
| "Hard to place"[2] | 11.5 | 5.5 | 9.6 | 21.0 | 11.9 |
| No impediment to adoption | 8.8 | 12.5 | 19.2 | 3.0 | 10.8 |
| Will be placed in institution | 2.1 | 1.5 | 2.0 | 1.0 | 1.6 |
| Will return to own family | 20.7 | 13.0 | 6.4 | — | 10.2 |
| Will be moved to another foster home | 9.9 | 11.0 | — | — | 5.2 |
| Apparently has tie to own family | 4.2 | 2.0 | — | — | 1.5 |
| "Hard to place" | .5 | 2.5 | — | — | .8 |
| No impediment to adoption | 5.2 | 6.5 | — | — | 2.9 |
| Planning not clarified | 7.3 | 3.0 | 1.7 | 1.0 | 3.2 |
| Total | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

That the difference lies in resources available rather than in the needs of children is apparent. Caseworkers from CD estimate that 51 children, or 25 percent of the sample, would be adopted by current foster parents were funds available for partial payments for care. All Chicago agencies thus estimate that over 30 percent of the children currently in their foster homes are adoptable and would be adopted if subsidies to current foster parents could be paid.

The picture is somewhat different Downstate where foster homes are used differently. Even with subsidies, adoption would be planned for only 14.1 percent of the sample. This low figure is partially explained by the high proportion of children who will return to their own homes (20.7 percent). Another possible explanation for this difference lies in the racial composition of the caseload outside Chicago; DCFS does not have large numbers of black children, but serves mainly white children for whom it is not difficult to find adoptive homes.

1. Ties to the natural family were defined as (1) a visit by parent or adult relative within the past year, (2) parental refusal or inability to consent to adoption, and/or (3) a caseworker's statement that the child had "meaningful family ties."
2. "Hard to place" was defined as physically handicapped, developmentally slow and/or over 10 years of age.

What about the children who are not adopted and do not return home? About one-quarter of these children maintain ties to their natural families and are currently in "long-term" foster care—in foster homes in which the agency plans that they shall grow up. These children may hope for a fairly stable existence, with a continuing affectional tie and a minimum of moves. Over one-quarter of the 600 children, however, face less settled futures. About one-fifth of the children are in foster homes in which it is expected they will remain, and they have no ties to their own families. Some question is raised about the stability of these homes, however, for these foster parents are not interested in adoption or are reported not to be suitable adoptive parents. Another 20 children are in homes the agency views as temporary; they will be moved as soon as another home can be found. Of the 124 children in foster care whose parents do not visit and presumably would consent to adoption, only 18 are under ten years of age, white, and without any physical or developmental handicap. Seventy-nine of these children are black, 30 are black and over ten years of age, and 10 are physically or developmentally handicapped black children. Twenty-five white children are over ten. It is thus apparent that when a child has no family ties, age and Afro-American background are the two major barriers to adoption. As approximately one-quarter of these black children came into agency care as pre-schoolers, it can be assumed that race has been the major obstacle.

The future looks about the same in each of the agencies for these children who have no ties to their own families, if funds for subsidies are to be universally available. Without such funds, an additional 62 children in this sample will grow up in foster care in public agencies. All but one of these children are black, over five years of age, and/or physically handicapped. Presumably these children will grow up in real long-term foster care, for these parents currently wish to adopt. However, the foster homes will not have the permanency of adoptive homes.

In the agencies which have available funds, subsidized adoption has been used for the older child of any race, for the physically or developmentally handicapped white child, and for the "normal" black infant or pre-schooler. This is presented in Table 2. Characteristics of these children are almost identical to the characteristics of those children for whom subsidized adoption would be planned were funds available. Ten of the 15 white children in subsidized adoptive homes have severe handicaps such as deafness, birth deformities, severe medical problems, and/or developmental slowness. Of the 11 black children in subsidized adoptive homes, none are handicapped. Three quarters of the children were over 5 years of age at the time of the adoption decree. These children had been with the families that adopted them from 6 months to 13 years; they had lived an average of 4.5 years in the home. Thus, for most of these children, subsidized adoption turned long-term foster care into a permanent home.

**Table 2. Characteristics of children for whom subsidized adoption has been considered appropriate.**

| Age and race | Physical or developmental handicaps | | |
|---|---|---|---|
| | None | One or more | Total |
| White | 5 | 10 | 15 |
| Less than 5 years | 1 | 2 | 3 |
| 5, less than 10 years | 1 | 4 | 5 |
| 10 years and over | 3 | 4 | 7 |
| Black | 11 | — | 11 |
| Less than 5 years | 3 | — | 3 |
| 5, less than 10 years | 5 | — | 5 |
| 10 years and over | 3 | — | 3 |
| Total | 16 | 10 | 26 |

Data from this sample thus indicate that subsidized adoption, as practiced and projected, would help to meet the needs of three groups of "hard to place" children—the older child, the black child, and the handicapped child.[1] It has apparently not been planned for the handicapped black child.[2]

## Cost of Subsidized Adoption

The agencies which have used subsidized adoption report several types of payments. Sixty percent of the subsidies are partial payments for the child's care which will continue until the child reaches 18 years. These subsidies are the most expensive to the agencies, ranging from $600 to $950 per year, with an average annual cost of $760. Subsidies lasting less than one year are the least costly. Six of these are reported, ranging from $510 paid over a six month period to help a family assimilate the cost of care of a child to $1500 paid to enable a family to move to a home and area spacious enough to raise a child. These subsidies have an average cost of $895 in a single year. In addition, there are two subsidies paid for medical care. One, $840 per year, will probably terminate after two or three years when treatment is completed. The second, $180 per year, pays for special medical insurance to care for a permanent handicap. Other than the actual payments, the only cost is an annual review of the family's financial situation which occurs when a long-term subsidy is paid by ICH&A. There is no such review in CCCS adoptions. Thus agencies with funds available have used subsidies in a variety of ways to facilitate the development of adoptive homes.

Costs of foster care present a striking contrast. In Chicago, cost of board payments, clothing allowance, routine medical care, and treatment of special problems ranges between $600 and $2900 per year. The median cost is $1200

1. Child Care Association of Illinois, *Subsidized Adoption, A Call to Action* (Moline, Illinois, Child Care Association of Illinois, 1968) p. 6 identifies these children as those most in need of subsidized adoption.
2. Ten of the 40 handicapped white children in the sample are in subsidized adoptive homes, and subsidized adoption is planned for 19. None of the 14 handicapped black children in the sample are in subsidized adoptive homes, and it is planned for only 4. The small proportion of handicapped black children in the sample is in itself surprising, and may indicate that these children are excluded from foster care as well as adoption.

per year. Downstate board payments are lower; the median cost of care is $1000 per year.[1] Cost of casework and other agency services to the children could not be estimated. It is expected that each foster home is visited at least once per month by a caseworker; some homes are visited more often. Thus, it is evident that foster care, though less costly than some other forms of care, is an expensive service.

Subsidized adoption offers considerable financial saving to the community. The median long-term subsidy paid by the Chicago agencies is $720 per year. The median cost of foster care is $1200 in Chicago and $1000 Downstate. It can be estimated that $480 in out-of-pocket cost is saved yearly for every child in Chicago whose foster home becomes a subsidized adoptive home, and $280 is saved Downstate. In addition, cost of service to each child in a subsidized adoptive home is at most one-twelfth of the cost of service to a child in foster family care.

Could subsidized adoption be effected for the 51 children in CD homes whose foster parents would like to adopt them, but need help in meeting costs of care, a saving of $24,480 per year could be estimated. If the 11 children in the Champaign region were adopted, savings would be about $3,080 per year, in addition to the lessened cost of service.

**Summary and Implications of the Findings**

In summary, study of these 600 children reveals that subsidized adoption is a useful resource, and that the cost is considerably less than that of foster care. The child whose foster parents adopt him, with the help of partial payment of cost of his care, is usually a youngster with deep roots in that particular home, and a youngster for whom a traditional adoptive home would not easily be found. He is the older child, the handicapped white child, and, most of all, the "normal" black child of any age. A subsidy makes it possible for a child who would probably remain in foster care to have the advantages of a permanent home, at a saving to the community.

Differing patterns of foster care are apparent in Chicago and in more rural areas, with caseload composition apparently reflecting the characteristics and needs of the population served. Subsidized adoption had been used by two private agencies in Chicago in which funds were available, and indications were that it would be similarly used in the Chicago public agency. Caseworkers stated that 25 percent of the children in CD foster homes would be adopted by current foster parents were funds available. Need for subsidized adoption is apparently less in rural areas. In the Champaign region only 6 percent of the children currently in foster care would be adopted, were subsidies possible.

This difference in need is probably explained by two factors. The caseload Downstate has many fewer black children than are found in Chicago foster homes. White children are currently easier to find homes for without resources

1. Cost of usual medical care could be estimated by only one agency (CCCS); the median cost is $55 per year. This figure was used for all children in the sample.

such as subsidies; a large proportion of planned subsidized adoptions in Chicago are for black children. In addition, the apparent use of foster homes for relatively short-term care means that a larger proportion of the children are returning to their own familes, and are thus not in need of adoption.

Discussion so far has been only of the usefulness and cost of subsidized adoption for the children in the sample studied. Because the sample was randomly selected, there is no reason to believe that findings could not be generalized to all children in foster family care in the agencies studied. Perhaps they apply to additional children. Consistency of findings among the Chicago agencies adds evidence that random samples drawn from children in foster care in other Chicago agencies would yield similar findings. Had the differences between city and rural areas been anticipated, additional agencies serving more rural areas might well have been studied.

Projecting figures to the caseloads of the agencies studied, it was immediately apparent that a large number of children would be adopted by current foster parents, were partial payments for care to continue. There are approximately 5000 children in foster family care in the public agencies in the Chicago area. If 25 percent of these children were to be adopted by their foster parents, it would mean that 1250 children had found permanent homes. Approximately $600,000 per year would be saved in lessened cost of their care, in addition to savings in lessened casework service needed by these children. There are also approximately 3000 children in foster family care in DCFS foster homes throughout the rest of the state. Were 6 percent of these to be adopted with the help of subsidies, 180 children would have become permanent members of their foster families. Approximately $50,000 less per year would be spent in direct costs of care, in addition to savings in service.

These 62 children in the sample who might be adopted, were subsidies available, have been many years in foster care; there is nothing to indicate that any other plan will be made for them before they are eighteen years old. If they remain in foster homes, the approximate direct cost for these children until each reaches eighteen years can be estimated at $749,000. Were they to be adopted and subsidies paid until they were eighteen, the cost would be about $474,000. Projecting to the entire caseload of the two public agencies serving children in Illinois, and considering the proportionate use and savings in Chicago and Downstate, it is possible to estimate direct saving for the care of just these 1430 children until they are eighteen years old at over $5,000,000. Though the precise amount cannot be determined, savings of more than eleven-twelfths of the current cost of casework service to these children would add appreciably to this figure.

Subsidized adoption appears to be a resource which would be of help in developing permanent homes for children who otherwise would remain in foster care. The statement of the Child Welfare League that "Subsidies that would make it possible for a child to have both a permanent home and continuity of care and affection . . . would in the long run cost the community no

more than the alternative of long-time foster care," seems to be supported by the data. The other questions are not yet answered, however. Further experience and study are necessary to determine whether subsidized adoption is "clearly more beneficial . . . than long-time foster care," though logic and our knowledge of child development seem to support this assumption. This study does clarify that the only alternative form of family life for the children currently being placed in subsidized adoption is foster family care.

* * *

**Adoption of Real Children**

This study too had its origin in the need of the adoption service to find a way to place a group of black toddlers, and some older children, in adoptive homes. It also provided a testing ground for a new conceptualization of the role of the caseworker in adoption.

## ADOPTION OF REAL CHILDREN[1]

Probably the most difficult and persistent problem in adoption today is placing children for whom homes were not found in early infancy. In practice, current adoption procedures too often lead to seeking a child to match an applicant's expectations. Children who do not meet these expectations are excluded. In time they become practically unadoptable because of their age and their history of moves in foster care. Their future is bleak.

Finding homes for hard-to-place children has long been a primary concern of the adoption program of the Chicago Child Care Society (CCCS)—a voluntary, nonsectarian, multiple-service child care agency. As part of the agency's effort to improve its service, a team of workers developed a new approach to adoption. The essential characteristics of this approach were (1) engaging in work only with families interested in actual children awaiting homes, and (2) whenever possible, shifting responsibility for decision-making to the applicants. In practice, agency workers showed photographs and presented detailed information about specific children to adoptive applicants. Any applicant interested in one of these children then explored with the worker the feasibility of bringing this child into his family.

A four-month demonstration project indicated that the new service was effective in finding homes for some hard-to-place children. It has also evoked a generally enthusiastic response from applicants, aroused much interest

1 Reprinted with permission of the National Association of Social Workers, from *Social Work*, Vol. 17, No. 4 (July, 1972), 29-38.

throughout the region, and brought up many vital issues that should be examined. The authors believe that the service is well worth further development and trial in other settings.

**Adoption Problems**

The CCCS adoption department has always been considered innovative. Since 1955 it has been committed to finding homes for black children. It was among the first to place children with single persons. These placements of black children and other new ideas had caused slow changes in the CCCS adoption process, which was not unlike the process in many other agencies. Applicants first discussed their interest and the type of child they wanted in a comprehensive telephone interview with the worker. If their requests were appropriate, they were invited to come to the agency for an intake interview. A series of interviews followed as the home was studied. When the home was approved, a decision was made about the type of child to be placed. If there was such a child waiting in the CCCS preadoptive foster care program, he was placed. If there was no such waiting child and the family considered adopting only a certain type of child, the worker sought a child in other agencies' caseloads, through formal and informal exchange programs. Thus some families waited while the worker searched for the right child, yet other children waited in foster homes.

Several factors precipitated a decision to review the conceptual basis of this adoption process: (1) the large number of children for whom homes could not be found, (2) adoptive parents' comments about delays in service and their sense of helplessness during the study period, (3) caseworkers' discomfort about the judgmental aspects of the study, (4) the consistent failure of research to demonstrate an association between subtle indicators of poor parent potential and later outcome, and (5) the theoretical conflict between matching a child to an applicant's fantasy and expecting the applicant to be a parent to a real child.

Five premises that should underlie adoption were developed:

1. Within our society the family is the best-known milieu for rearing children—hopefully the family into which a child is born, but if that cannot be, than a substitute one that provides permanence and security, preferably through legal adoption.

2. It is the adoption agencies' responsibility to find adequate adoptive homes for all children who need them.

3. An adoption agency best fulfills this responsibility by providing a service that facilitates bringing together children who need homes and families interested in adoption.

4. Most families that come to an agency for adoption do not have serious pathological problems and have at least an average capacity become adoptive parents.

5. Given accurate and adequate information, most people are better able to make their own important life decisions than to have others make them.

The new adoption service was developed on the basis of these concepts. It focused on serving children currently needing homes and stressed applicants' ability to make decisions.

The existing adoption department was left relatively untouched, so that the effectiveness of the new and the more traditional processes might be compared. The team selected to develop and work with the demonstration project consisted of the agency's director of foster care and adoption services, the CCCS research director, a caseworker working primarily in foster care, and a relatively new worker in the adoption department.

**New Techniques**

The service developed by this team differed in two essential ways from the agency's existing adoption program. (1) The focus was on finding homes for children already known to the agency and awaiting adoption. As each aspect of the project was developed, it was tested with the question, "Will this benefit the waiting children?" (2) The responsibility for decision-making was allocated, whenever possible, to the applicants rather than the workers. It became the applicants' responsibility to decide whether they were interested in one of the children available for adoption, whether they wished to work with the agency toward adoption, with which worker they wished to explore adoption, and which child they were interested in adopting. They then considered with the worker the factors involved in taking the specific child into their home.

This shift in responsibility necessarily involved changes in practice. Every applicant whose inquiry was referred to the project was invited to come to the agency. If his time permitted, he came to a scheduled group meeting, otherwise for an individual interview. No preliminary screening was done. It was felt that acquainting applicants with needs of waiting children might help them think further about the kinds of children they were capable of adopting. Whether or not the applicants could accept any of the available children, the message about the needs of real children would be reaching a wider public.

To make the children as real as possible, the agency kept an album containing recent photographs of all its waiting children and of some children available through referral from other agencies. At the initial meeting workers showed pictures of a few typical children to the applicants, explained the plan of working only toward the placement of waiting children, outlined the process, and answered questions. Applicants who wished to pursue adoption through CCCS could make an appointment for an individual meeting with the project worker they chose from those attending the group meeting. Applicants who felt they could not accept one of the waiting children were referred elsewhere.

Since every applicant was assumed to have an average capacity to be a parent, unless evidence of unusual behavior was immediately observable, almost all applicants who set up an individual interview to discuss adoption further were free to look at the photo album during that interview. At that time most selected a child by asking questions about the children pictured. In response to their queries, all known information that was not confidential was given. Once selected, a child was reserved for the particular applicant as long as he was seriously working with the agency toward the child's adoption.

In that interview and as many subsequent interviews as necessary, worker and applicant discussed the child's needs, his probable impact on the family, and how the family might cope with his addition to their family unit. A mutual evaluation of the wisdom of the adoption of a given child by a given family replaced the agency's evaluation of the family in the ongoing adoption program. In this evaluation process many traditionally explored areas were considered, but always in relation to the specific child. Either agency or client had the option of deciding not to proceed, or the family could later change its mind about a given child when the reality of the situation became more apparent.

Placement occurred as soon as worker and family were comfortable with both the idea of adoption and the family's choice of child, legal requirements were completed, and the child was ready to be placed. Placement procedures were based on the child's needs, because the adoptive parent already knew much about the child and had been talking about him with the agency for some time.

**Evaluation Plan**

After four months' operation the project was evaluated. The number of waiting children who were actually placed in the project was compared with placements in the ongoing adoption program during the same period and during the same four months a year before. To discover whether the new approach discouraged or encouraged applicants, each applicant's progress from intake to termination of service was recorded for both the project and the department. After termination, each project applicant was asked for his opinion about his experience with the agency. Team members' ideas about the strengths and weaknesses of the new approach were also recorded.

Applicants to whom the new service was offered were selected on a random basis. Inquiries about a first adoption from CCCS were randomly assigned from letters or the switchboard to the project or the department, in proportion to the intake needs of the applicants. Thus, 113 families were assigned to the project and 85 to the department. When the project results were first presented to the adoption staff as a whole, another source of intake was discovered. The department was working with twenty-three additional families who had made initial telephone inquiries directly to one of the departmental workers. These calls were therefore never recorded as inquiries at

the switchboard and did not become part of the pool from which families were randomly assigned.

Of the randomly assigned families, about half were white couples asking about adopting white infants. Approximately 20 percent were black couples requesting black children. Most of the remainder were white families wishing to adopt transracially; the project intake had a higher proportion of those interested in a part-black child. The twenty-three families who contacted the department directly were different; there were fifteen black and four white couples interested in a black child and four white couples interested in a mixed nonblack child.

These families, then, comprised the intake for the four-month period. All project placements were, of course, with couples in this group. However, all but one of the departmental placements during the period were with couples who had applied earlier. There is no reason to think that the group of earlier applicants differed appreciably from those applying in this period.

**Table 1. Number of Children Placed with New CCCS Applicants, February 15 to June 15, 1970**

| Age and Race of Children | Department | Project | Total |
|---|---|---|---|
| *White* | 11 | 4 | 15 |
| Less than 2 months | 4 | 1 | 5 |
| 2 months, less than 6 months | 4 | 2 | 6 |
| 6 months, less than 1 year | 3 | — | 3 |
| 1 year and over | — | 1 | 1 |
| *Black* | 20 | 12 | 32 |
| Less than 2 months | 9 | 2 | 11 |
| 2 months, less than 6 months | 7 | 7 | 14 |
| 6 months, less than 1 year | 4 | — | 4 |
| 1 year and over | — | 3 | 3 |
| *Racially mixed, nonblack* | 1 | 3 | 4 |
| Less than 2 months | 1 | — | 1 |
| 2 months, less than 6 months | — | 1 | 1 |
| 6 months, less than 1 year | — | — | — |
| 1 year and over | — | 2 | 2 |
| *Total* | 32 | 19 | 51 |

## Placements

Between March 15 and June 15, 1970, project workers placed nineteen children with seventeen families. As can be seen in Table 1, twelve of these children were black or part-black, nine of them infants and the others toddlers 1 to 3 years old. Three mixed nonblack children were placed—an infant, a 2-year-old, and a 7-year-old handicapped child. Three white infants and a 14-month-old white child were also placed.

Some studies of homes were not completed when the project ended, or the family was not ready then for the placement of a child. Four project placements were made later in the summer.

Placements did not draw as heavily as had been hoped on the children most needing placement. For example, the project placed only one of eleven black boys between 6 months and 2 years old who were in CCCS foster homes awaiting adoption. It placed four children over 1 year old from other agencies' foster homes. But the majority of placements involved young infants, seemingly always easier to place.

The process may, however, have led to finding homes for several racially mixed children with families who would otherwise have considered adopting only a white infant. Three placements of racially mixed nonblack children were with families who originally requested a white infant. The change of interest was apparently prompted by seeing the available children and occurred within a week of the intake interview. At the end of the project, four other families were considering the adoption of a racially mixed child. One family, ready to take a Mexican-American infant who was not released, took an available white infant. Some families who felt that they could adopt only a white child were nevertheless able to interpret effectively to the community the agency's needs with regard to racially mixed children.

In some instances a couple selected a child or children that the worker would not have selected for them. However, by the placement date the family helped the worker to understand more about its functioning, and in every case workers could perceive that the child was a viable choice. This suggests that workers' preconceptions about which children were suitable for specific families may have deterred the placement of some children.

**Comparison of Processes**

In view of the project's short duration, it is difficult to make a definitive evaluation of its placement record. Comparison with placements made in the ongoing program of the agency's adoption department offers some indication of the relative accomplishments.

In making the comparison, staff differences must be taken into account. The project team consisted of two part-time caseworkers plus the administrative and research team members. The adoption department consisted of four part-time workers, a full-time worker, a social work assistant, and the departmental supervisor. Whether counting casework hours or total hours available, the project had approximately one-third of the available time that the department had in the same period.

Between mid-February and mid-June 1970, with approximately three times as many staff hours available, the department placed 38 children—two times as many as the project. Six of these departmental placements were with families who had already obtained a child from CCCS, therefore requiring only brief reevaluations rather than full studies of the home and family. All project placements were with families having their first contact with CCCS.

Each of the two processes was apparently advantageous for certain age

groups. The department, with families studied and waiting for appropriate children, placed children when they were younger—about half of them were less than 2 months old and four were placed directly from the hospital. The project was more successful with older children, about 30 percent of its placements being children over 1 year old. The department placed no children in that age group during the same period. It can at least be surmised that awareness of specific older children waiting for homes was a motivating factor for project applicants.

The project made almost twice as many transracial placements. The department placed a higher proportion of black children with black families, but this may be an artifact of the higher proportion of black families studied by the department. No identifiable factor in the project process would be expected to account for this difference.

The project's placement of a higher proportion of children from the agency's own foster homes indicates that applicants were able to accept a specific child who might differ from their fantasy child. The project, encouraging applicants to select a child from among those waiting, made two-thirds of its placements from the agency's own foster homes. The department, seeking children to fit applicants, made only half of its placements from agency foster homes or the hospital and took the rest of the children from other agencies.

In some instances, the agency working time prior to placement was decreased because the adoption service proceeded when the couple was ready. The median time from initial telephone call to placement in the departmental service was fourteen weeks, with a range of two to twelve months. In the project, median time was seven weeks. One project placement was made within three weeks of the initial call; two took as long as four months. This new process seems to permit placement in less time, still allowing flexibility in placing a child when the family is ready.

Placements indicate that focusing on the applicant's decision-making saved workers' time and was advantageous to the older child awaiting adoption. It did not facilitate adoption of the easily placed young infant.

**The Families**

The families with whom children were placed by the project seemed to differ little from those in any adoption service. White families wanting nonblack children were remarkably similar to each other in outward characteristics, being successful people in their twenties and thirties in professions or sales occupations. Some had children; all were family centered. All showed a fair degree of flexibility in regard to the type of child they would take into their homes.

One example was an unsophisticated young teacher and his wife who had a 3-year-old son. They wanted more children but had not been successful in conceiving another. Initially they thought only of adopting a white infant. After

hearing of the needs of children awaiting homes, they did considerable thinking and decided they could accept any nonblack child. They selected a 2-year-old part-Indian girl and were soon ready to take her home. They seemed well able to accept a child different from the type they had first imagined they wanted. Their choice of a child so close to their son's age might be questioned, but in evaluating this with the worker they expressed confidence in their ability to give to the two children and looked forward to the companionship the children might enjoy. At the time of final adoption there had been no problems.

White applicants wanting black children seemed less well established. Three were students. All demonstrated capacity for risk-taking and successful crisis resolution. Altruism was a strong factor in their motivation to adopt.

The young couple wanting to "do something for the world" exemplified this altruism. Both had been members of religious orders. They had long ago resolved feelings about not having biologic children, and adoption seemed an easy step. Their family life was warm and strong; family boundaries seemed even to include many close friends. They used the adoption process well, first to become committed to two part-black toddler-age sisters they selected, then to explore the demands that the children would make. When convinced that they could accept and meet these demands, they took the girls into their family.

The black couples who adopted varied widely. They ranged in age from 26 to 40 years and in income from $6,000 to $60,000 per year. They were alike in having no children and being eager to establish families. Departmental adoption staff had expressed special concern about losing these black families if the agency did not try to find the type of child they wanted. The couples responded well, however, to taking responsibility for selecting their own child.

One black couple chose a boy, although they had wanted a girl, because of the number of boys awaiting homes. They said they eventually wanted both and would come back later for a girl. Another first selected an infant girl who later became unavailable. This couple had realized that their first selection was uncertain and moved with relative ease to the selection of another child. The husband's preference for a specific 4-month-old boy became evident; at the same time the wife was interested in a 4-month-old girl with a medical problem. After much discussion between themselves and with the worker, the couple decided to adopt both infants and convinced the worker this was a good plan.

**Quality of Placements**

The major question about a new adoption service is, of course, "How good were the placements?" Only a follow-up study can provide a truly satisfactory answer. However, some indicators may be available.

Selectivity may be one measure of quality. For example, the fear that with

the emphasis on the applicants' decision-making, workers would not be free to reject families when appropriate proved to be groundless. The project rejected fourteen families, or 12.5 percent of its intake; the department rejected ten families, or 9 percent of its intake. Families referred to other agencies because the type of child they wanted was not available are not included in these figures. The majority of project rejections (eight) occurred after the intake interview, but rejections occurred throughout the study. Workers had the impression that project families accepted rejection with minimal anger and hostility because they shared in the decision-making.

One project placement failed within a few weeks. The behavior of a 7-year-old handicapped Indian girl posed so grave a threat to the adoptive family that the mother requested her removal. In retrospect, the project team thought that this family was neither prepared adequately for this difficult placement nor given sufficient help after placement, until difficulties became acute. The child had a history of moves and poor care, in addition to a neurological handicap, so difficulties were not unexpected. Adequate preparation of a family confident and eager to take a child into the home is a problem that needs further attention.

**Reactions of Applicants**

Applicants for hard-to-place children are eagerly sought by adoption agencies. Once they apply, withdrawal before placement is serious for the child involved. It was hoped this new process would encourage applicants to continue until a mutual decision was reached. To check this, withdrawal rates in project and department were compared, and areas of particular comfort or discomfort were explored with applicants.

Apparently the new process neither encouraged nor discouraged applicants. With one exception, almost identical proportions of the sample withdrew at each stage of the study in both project and department. Excluding white applicants for white children who were directly referred to another agency in the initial telephone contact, nineteen applicants withdrew from the project and fifteen from the department before an intake interview.

It may be that the department's long initial telephone screening—in contrast to the project's brief initial call merely for making an appointment—provided the bridge some applicants needed. The project lost six black applicants who did not keep intake appointments repeatedly offered, but the department lost no black applicants at that stage. Throughout the four months, the project lost twenty-four applicants for black or racially mixed children; the department lost twenty-two randomly assigned applicants for such children. No figures are available on the number of applicants who telephoned directly to departmental workers and failed to keep intake appointments.

As another measure of applicants' reactions to the project process, all who completed an intake interview were telephoned after contact ended. They

were asked which aspects of service they had particularly liked, which aspects made them uncomfortable, and what their specific reactions were to choosing a child.[1] Sixteen of the twenty-nine applicants who evaluated the project by telephone had liked their experience with the agency.[2] Another seven expressed general approval but had reservations about some aspects of the service. Six disliked many or most aspects.

All six who disliked the service objected to being responsible for selecting the child they wished to adopt. Common comments were that this process "had a 'supermarket' feel" or that it was "cold" or "unfair to represent a child by a snapshot." Perhaps most poignant was one woman's comment that she felt she was "turning a baby down each time a page in the album was turned." Four who disliked the service thought the worker should know the applicant better before presenting a child, while a fifth commented that there was too much "red tape." Three applicants who generally liked the service expressed similar reservations about selecting a child.

No family characteristics seemed to be associated with liking or disliking the project process. About the same proportions in each category wanted a white child, were part of a group intake, and/or participated in interviews after intake.

It had been anticipated that a white family making an hour's trip to the agency from a white suburb, only to learn that no white infants were available, might be angry. Such was not the case. In no instance did applicants express annoyance at having been asked to come in. On the contrary, they frequently mentioned that they liked the agency's focus on children's needs.

Certain characteristics of the service, besides choosing the child, were commonly identified as especially positive. Often mentioned was the agency's commitment to children in its care. Even couples who had not wanted a waiting child felt that the agency was right in working for these children. Group intake meetings were generally liked; their informality and "being with others like us" were most often mentioned. The overall impression received from these evaluation calls was one of good feeling and interest in the project.

**Project Team's Attitudes**

Little objectivity in evaluating the new process can be expected form project team workers, since they participated in its development and worked with a high degree of enthusiasm and commitment. Some of their observations, however, highlight what this process meant to the worker.

The team technique seemed useful for engendering more effective service to applicants and enhancing the individual worker's professional practice.

1. Calls were made by the research director and two summer employees who had no other connection with the project. There was no appreciable difference in the proportion of positive responses obtained by the different callers.
2. Much difficulty was experienced in reaching families, probably owing in part to summer vacations. Only twenty-nine evaluations were obtained.

Progress of cases was reported at regular team conferences, and workers gained fresh insights. If one worker was ill, another team member could easily step in and carry out planned appointments. Shared knowledge facilitated necessary joint interviewing. Thus the team technique benefited both clients and workers. One might speculate on the usefulness of the team to new workers in the agency and the use of team members who lacked a master's degree in social work.

The team technique also changed the worker-family relationship. Since problems and responsibilities were shared with other team members, the worker's relationship to the family remained a facilitating one and did not develop great intensity. The worker no longer felt the burden of finding children to fit the family's request; the family raising the child dealt directly with selection. Relieved of the feelings associated with "giving" a child, the worker was free to help the family deal specifically with issues related to the child's upbringing. For the type of work done with these families, the relationship that developed seemed comfortable and appropriate.

Workers agreed that the family's sharing of decision-making responsibility was constructive for both family and worker. This sharing was sharpest with regard to the child's selection. Applicants did not always select the child that the workers thought most appropriate, but workers felt that the family's comfort with its selection was of major importance. Their task then was to help the family evaluate what the selection would mean. The process between family and worker was dynamic. Noticeable change was often observed in families; presumably it also took place in the workers.

Team members' commitment to the children awaiting adoption was the core of the project. They rejoiced when a family selected one of the children waiting longest, despaired when a family decided that adoption of such a child did not seem possible. They were interested in the development and refinement of the new process and proud of their ability to unite children and families with as much speed as the family could manage. In short, they were committed to this way of placing children. When the project terminated, all said that with the knowledge gained, they would like to try the process again and further refine it.

**Conclusions**

The CCCS adoption project was a four-month demonstration to see whether adoption service to hard-to-place children could be improved by a process based on applicants' interest in adopting children who were waiting and their assumption of greater responsibility in decision-making.

The major findings were as follows:

1. Although the project failed to place the most difficult waiting children, it placed a number of older children during a period when the department placed

none in that age group. It also made more transracial placements. It did not facilitate adoption of easily placed infants.

2. Project placements were made more quickly and were more economical of workers' time. In proportion to available staff hours, the project placed 1½ times as many children as the department.

3. Project families resembled closely those served by the department and project placements gave no indication of being less successful than the others.

4. The majority of applicants liked the process. Restricting adoption to waiting children caused no evident increase in applicant loss. Even if applicants could not adopt a child, they respected the agency's commitment to waiting children. The majority also expressed satisfaction about their decision-making responsibility. A few expanded their ideas so that they were able to adopt one of the children needing a home.

5. Project workers were enthusiastic about the new process and deeply committed to it.

Comparison of project and departmental service is clouded by the fact that some applicants were not randomly assigned to the two services. Because the initial telephone inquiries to specific departmental workers were not included in the pool of applicants, the department served a higher proportion of black families than the project. Most of these inquiries were from families referred by friends of the agency's adoptive parents or screened by the city's adoption information service. It seems probable that a high proportion of them might have been somewhat ready to accept one of the waiting children. Had the comparison been based on completely random sample selection, the project's efficiency and effectiveness might have been even more marked.

From both the applicant's and the worker's points of view, the project process offers substantial possibilities for facilitating adoption procedures. The shift of responsibility for the child's selection from worker to applicant shows that the applicant was treated as a mature, functioning individual. The change then was from meeting the needs of the client-applicant to meeting the needs of the client-child—a move consistent with current child welfare practices.

Numerous facets of the approach need further thought and experimentation. For example, intriguing differences in the decision-making process were observed. Some applicants seemed to enjoy going through the large number of pictures presented, returning to a few, and gradually making their choice. Others seemed overwhelmed by the numbers. A few expressed remorse about the children they rejected. Learning to tailor this process to the applicant's maximum ease and children's maximum benefit is a next step.

The selection process was imperfect in other ways too. Snapshots are a weak medium for presenting children. They emphasize appearance, a minor aspect to most would-be parents. Advantages of videotape and other devices might be explored. Also, ways might be sought to retain the benefits of the active participation by applicants provided by perusal of the album. Evaluation of procedures would have been more meaningful had there been a greater variety of children. For example, there were few handicapped children among those in the foster homes at the time of the project. Thus how effective this method may be in finding homes for these children is not known.

New approaches are vital to meet the needs of children awaiting adoptive homes. This project tested one such approach and found it to be generally popular with applicants and helpful in placing some children waiting for adoptive homes. It would seem valuable now to test the approach in other settings, build on its findings, and seek to resolve the questions and concerns it has raised. Surely it is through careful formulation of underlying ideas, development of a practice method, tests, evaluation, and refinement of the method that we will discover the most effective way to find good adoptive homes for all waiting children.

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## 3. STUDIES IN FOSTER CARE

Historically CCCS has offered an extensive foster care program, which recently has decreased in size by plan. The present foster care program offers intensive casework services to a group of children ranging in age from infancy through adolescence whose circumstances or handicaps have delayed or precluded adoptive placement. Foster home placement has been the alternative plan with supportive services building in optimum opportunities for the development and growth of the children.

In attempting to build a diversified research program, it seemed appropriate to develop some studies in foster care which had been the core of the agency's program. However, during the years between 1967 and 1976 this has been one of the smaller departments at CCCS, and foster care workers were also involved in other newer services. Occasionally the staff participated in a minor inquiry, such as the project described below.

## ROLES OF CASEWORKERS AND FOSTER PARENTS

In early 1970 a committee working with the foster parent group asked for help in developing a project which would delineate the role expectations of caseworkers and foster parents. Research staff and foster care workers cooperated in developing a questionnaire which attempted to identify worker perceptions of who *did* make various decisions around child care and who *should* make these decisions. The questionnaire was administered to 13 caseworkers, all of whom were working with foster parents.

Findings of the study were interesting. In interpretation of all data, however, it must be remembered that caseworker perceptions, not reality, were the measured items.

Most striking was the degree to which natural parents were left out of the decision making. Only one caseworker felt the natural parent should make some decisions about a child in foster care, although there were twelve items where this was a possible choice. (About 25 percent of these children were visited by their parents.) Two caseworkers thought natural parents should make decisions about the gifts they themselves give their children; only one caseworker thought natural parents should make any other decision.

Items fell roughly into three classifications: (1) decisons about daily routines; (2) decisions about developmental tasks (toilet training, dating, hair style, etc.); and (3) decisions unique to foster parent status (visits from own parents, moves of child, etc.). Generally workers agreed that foster parents should make decisions about daily routines. Decisions unique to foster parent status were generally given to the caseworker, though the foster parent was given responsiblity for handling behavior of a child who had just moved. Interestingly, responsibility for decisions about the therapeutic process between caseworker, foster parent, and child was almost evenly split between foster parent and caseworker. Decisions about developmental tasks were also split between caseworker and foster parent; decisions about sex education were delegated to the caseworker, most other decisions to the foster parents. There was a strong tendency for caseworkers to think that ideally the adolescent child should make more of these decisions for himself.

Data are intriguing enough so that expansion of the project to include tapping the ideas of natural parents and foster parents might be of value.

* * *

## 4. STUDIES IN COUNSELING

The Family and Individual Counseling Program, a relatively new and very active service at CCCS, is a preventive service designed to assist single parents, families with school age children, and young persons who are having problems related to family, health, school, and vocation. Counseling is seen as a service to the total family with focus on planning and facilitating decisions with respect to the child involved.

In contrast to the formal, published studies done in adoption, studies of the counseling service at CCCS have all been fairly small inquiries, seeking answers to questions generated by the social work staff, and relatively quickly completed. The inquiries have followed the growth and changing focus of the department. As a new service caught the interest of workers, they have discovered gaps in available information. Research has helped to fill some of these gaps, and discussion of findings has generated further questions, to be tested in research and practice.

### Service to Unmarried Mothers

In 1969 when this study was done, CCCS had just added a group worker to its staff. There was much interest in group work as a way of treating the women who were asking for help in planning for unborn babies. The first study of casework and group work clients was exploratory in nature and of marginal research quality. However, the study provided additional information in a new practice area and identified a "high risk" group of young girls who took their infants home to poor situations, a group often identified in subsequent studies.[1]

## USE OF SERVICE BY UNMARRIED MOTHERS

In 1968, two types of service were available to unmarried mothers at CCCS. Casework service was offered both in the "traditional" pattern and by two teams. Group work service was offered through the student group work unit at the agency. As the year progressed, various impressions were formed about the differences in nature and content of each service and about the client's response to each service. In the spring of 1969, it was decided to attempt some systematic investigation of these differences.

Foci of this evaluation were: (1) description of the content of the two services, (2) evaluation and the client's response to each service, and (3) investigation of whether there were any personality traits which might be associated with better use of one service or the other.

### Plan for the Study

The worker for each client provided the data on content and response to the service given. The client's response to service was assessed through evaluation of whether the plan eventually made was sound for the client and her baby. Assessment of the nature of the client's participation in the decision-making process was also made. The two measures of response to service were highly associated; only 5 girls who participated appropriately were judged to have made a poor plan for themselves and their babies; only 3 girls who resisted participation and 3 who tended to "dump" problems for the workers to solve made good plans for themselves and their babies.

1. In 1974, with the incorporation of Crittenton Comprehensive Care Center, a large and well-developed service to this group of girls became part of CCCS. It is probable there will be further exploration of the needs of this group in cooperation with the 4 C's research department.

Personality characteristics which were thought might be associated with better use of one service or the other were assessed from records of the intake interviews. Use of recorded material has obvious limitations. However, as interest was in discovering pointers which might lead toward a rationale for different assignment to services, use of intake material seemed appropriate. Assessments were made of each girl's motivation and capacity to work on her problem, and of the environmental support available. Judgments were made by a single person, trained in use of these items in other research.[1] Because there was no reliability test, the assessments must be viewed as tenuous.

The sample consisted of 25 girls who had received group work service and 25 who had received casework service. Excluded from the sample were cases carried cooperatively with another agency, cases in which the client withdrew immediately following the intake interview, and cases in which the client had not delivered at the time the data were collected (March, 1969). With these exclusions, all clients receiving group work service were studied. From the 77 cases assigned to casework service, a sample of 25 was randomly chosen. Nine casework cases were carried by the team, 5 by students, the remainder by experienced caseworkers working in the traditional manner.

**The Group Studied**

In general, the demographic characteristics of the clients in the sample seem to be similar to those of unmarried mothers commonly served by the agency. Reflecting the agency's emphasis on finding homes for black children, 41 of the women were black, and of the 7 white women, 3 were expecting babies whose fathers were black. Two clients were Mexican. The unmarried mothers ranged in age from 15 to 41 years, with the median age of those who received casework service 18, group work service 20.

Family situation was varied. About one-third lived at home in intact families at the time they became pregnant, one-third lived at home with only one parent or with a parent and stepparent, and one-third lived away from home. Only 11 had dropped out of high school or were behind their appropriate grade level; 29 were high school graduates. Forty-one were single, only 2 married and living with their husbands. Thirty-four had no other children. Of the 16 with children, 12 were caring for them themselves, 2 had placed the children with relatives, 1 in foster care, and 1 in adoption. Nine of those with children had never been married. There was no way of determining socio-economic status from the data collected, but the impression was of a range from extreme poverty to middle-class comfort, with most clients coming from rather simple working class homes.

There were no articulated criteria by which girls were assigned to group work or casework services. However, certain differences are apparent in this

1 Items were drawn from Lilian Ripple, *Motivation, Capacity and Opportunity, Studies in Casework Theory and Practice* (Chicago: University of Chicago, 1964).

sample. All but 4 of those in group work were between the ages of 19 and 22, while 18 of those in casework were between 15 and 18, and 5 were 24 to 41. No doubt reflecting this age difference, a higher porportion of those assigned to casework service were single, had no children, and had less than a high school education. There was also a striking difference in intellectual capacity. Sixteen, or 64 percent, of those assigned to casework service had some limitation in ability to focus on major aspects of the problem, ability to see facts of the problem, and/or ability to make valid cause-effect connections. This was true of only 8 of those assigned to group work. Thus in both the experience and the ability to handle the facts of their problems, girls assigned to group work service had greater capacity.

**The Content of Service**

Clients in group work and casework made the same types of plans for their babies. All but 7 girls thought they wanted to plan on adoption at the time of the intake interview. However, only 15 clients maintained this plan without fluctuation. Thirteen girls evidenced marked indecision in the course of their work with the agency. At the time of data collection, 23 babies had been released for adoption, 1 was in long-term foster care, 3 were in short-term foster care, and 22 had been taken home by their mothers. One infant died shortly after birth.

The major focus of service as described by the workers, was similar in group work and casework. As shown in Table 1, planning for the baby was the major focus of work with about half of the clients. In most cases, both practical aspects of planning and feelings about self, baby, and family were discussed. Emphasis seemed to be on practical aspects in 14 cases, on feelings in 10. In about one-third of the cases, the relationship with her mother and father was the major concern of the client. Clearly, this is closely related to the "feeling" aspects of planning for the baby. Other foci were rarely found, with the exception of vocational and educational planning, a prominent focus in group work service. There may have been greater emphasis on management of the environment in group work; in 13 cases emphasis was on practical aspects of caring for the baby or on vocational and educational planning. In contrast, casework service emphasis was on feelings in two-thirds of the cases.

**Table 1. Comparison of Focus of Service with Type of Service**

| Focus of Service | Type of Service | | |
|---|---|---|---|
| | Casework | Group Work | Total |
| Planning for the baby | 13 | 11 | 24 |
| emphasis on practical aspects | 6 | 8 | 14 |
| emphasis on feelings | 7 | 3 | 10 |
| Place in nuclear family—feelings | 8 | 6 | 14 |
| mother and father | 3 | 3 | 6 |
| mother only | 5 | 3 | 8 |
| Place in wider community—feelings | 2 | 3 | 5 |
| putative father | - | 1 | 1 |
| other men | 1 | - | 1 |
| friends and community | - | 1 | 1 |
| environmental stress | 1 | 1 | 2 |
| Planning for the future—vocation, education | 1 | 5 | 6 |
| Birth control, childbirth, etc. | 1 | - | 1 |
| TOTAL | 25 | 25 | 50 |

This difference in "practicality" of focus diminishes when, instead of a single focus, the three major areas of content are considered. Feelings about family were worked on in 15 casework and 15 group work cases, feelings about self in relation to those outside the family in 11 casework and 18 group work cases. In almost all cases, planning for the baby was among the major problems discussed. Vocational and educational planning was important; in casework it was discussed with 16 clients, in group work with 9.

Some areas of omission are interesting. In 6 casework cases, planning for the baby was not among the three major areas of content. Three of these were 16 year old girls from desperately disturbed family situations; focus was on helping the girls sort out feelings about family turmoil. Only one of these, in releasing the child of her stepfather, was judged to have made a good plan for herself and her baby. A fourth was an 18 year old whose problems of family conflict and drug addiction were overwhelming. The other two were women of 35 and 41, also living in complicated family situations; focus was on family problems. Three of these 6 babies were released for adoption, the others were taken home to play their parts in the family disturbance.

Considering that feelings about family, particularly mother, were among major content areas in 30 cases, it is intriguing that feelings about the putative father were prominent in only 7 casework and 8 group work cases. Perhaps some of the theories about the etiology of unmarried motherhood, developed through study of white, middle-class clients, are more applicable to this group of clients than is sometimes thought.

Discussions of birth control and abortion were more prominent in group work than in casework. Birth control was discussed to some extent in all but one group work case, while it was not mentioned in 6 casework cases. Abortion was discussed with only 1 client in casework, while it was discussed with 9 in group work.

Referral to other agencies was made more extensively in group work. Only 6 girls were referred in casework, while 13 were in group work. This difference is statistically significant ($x^2=3.0$, $p < .10$). Referrals were for help with vocational, financial, medical, and child care problems, the majority (10) being for vocational planning. One girl from each service was referred to another agency for counseling on interpersonal relationships.

There were some differences between the services in timing of contacts. The number of days between the intake interview and the first contact ranged from 1 to 83 in casework, from 0 to 130 in group work. About the same number of clients, 10 in casework and 9 in group work, waited two weeks or more for an interview after the intake interview. There was a close association between the month of pregnancy at intake and the length of wait for service in casework, 7 of the 10 coming before the 7th month of their pregnancy waiting more than two weeks to be seen ($x^2=4.3$, $p < .05$). There was no such association in group work, any wait for service probably being due to the mechanics of formation of a group.

There are few differences between group work and casework in number of times clients were seen, but there were differences in pattern. In casework the median number of contacts was 8, with a range of from 1 to 28 times; in group work the median number of contacts was 9, with a range of 2 to 15. In both services, girls coming prior to the seventh month of pregnancy were usually seen more than 10 times, those coming later less ($x^2=11.6$, $p < .01$). In group work most contacts were before the birth, and only 4 girls were seen more than five times afterward. In casework 15 girls were seen fewer than five times before the baby's birth, and 9 were seen more than five times afterward. As would be expected, there was no association of outcome with number of times seen; probably many of the girls seen most frequently were those who were least able to cope adequately with their problems.

**The Client's Response to Service**

For each client, the worker evaluated the decision made. In thinking about whether the plan was good or poor for the baby, he/she considered the care and acceptance that would be afforded the child, the stability of the plan, and the degree to which the needs of a growing child would be met. In deciding whether the plan was good or poor for the mother, he/she considered her comfort in the decision and the degree to which the decision furthered the resolution of any underlying problems. In addition the worker rated the client's social adjustment at the end of service, considering the degree to which she

could set up and achieve realistic goals, the degree to which she could satisfactorily meet basic needs, and the degree to which she could meet realistically the demands of others. These evaluations were categorized as follows:

Very poor — poor plan for mother and baby; mother's adjustment is inadequate and further professional help is needed.

Poor — poor plan for mother and baby; mother's adjustment has both strengths and problems, further professional help is needed.

Mixed — poor plan for mother, good for baby; mother's adjustment is inadequate or mixed, further help is needed.

or

good plan for mother, poor for baby; mother's adjustment is inadequate or mixed, further help is needed.

Good — good plan for mother and baby; mother's adjustment is mixed or inadequate and further help is needed.

Very good — good plan for mother and baby; mother's adjustment is adequate, no further help is necessary.

Differences in outcome between group work and casework were slight. As is shown in Table 2, 10 girls in group work service were in the "poor" outcome categories as were only 5 in casework; however, 11 girls in group work were in the best outcome category as were only 7 in casework. If only the plan for the baby is considered, the services are very similar, about two-thirds of the clients in each group making a "good" plan. There is a tendency for the better plan for the mother to be associated with casework service, 16 clients being thought to have made a decision that was "good" for themselves, as were only 11 in group work. Such small differences in outcome may well be due to chance, however.

**Table 2. Comparison of Clients' Responses to Service with Type of Service Received**

| Outcome | Service | | |
|---|---|---|---|
| | Casework | Group Work | Total |
| Very good | 7 | 11 | 18 |
| Good | 7 | - | 7 |
| Mixed | 6 | 4 | 10 |
| Poor | 2 | 3 | 5 |
| Very poor | 3 | 7 | 10 |
| TOTAL | 25 | 25 | 50 |

The plan made for the baby was associated with the mother's overall adjustment, as assessed by the worker, in both group work and casework. The well adjusted woman most frequently released her baby, while the poorly adjusted tended to keep her child, either taking him home or planning foster care. Eight of the clients in the groups, who were judged by their workers to have attained good overall adjustment, released their babies, and 4 decided to keep them. Of the 7 judged to be well adjusted in casework service, 6 released their babies for adoption. All but 2 of the 14 who made a poor adjustment kept their babies. This association was statistically significant ($x^2=7.2$, $p < .01$).

Participation in sharing and working on a problem would be expected to be a means to problem resolution. Most clients, 15 in group work and 13 in casework, were judged to have participated appropriately. Caseworkers reported 9 clients who tended to resist participation, while there were only 5 in group work. The association between quality of participation and quality of the plan finally made was statistically significant ($x^2=9.1$, $p < .01$), those who participated appropriately tending to make a good plan for themselves and their children. It must be remembered, however, that both of these assessments were made by the same worker; it is possible that a plan would be more favorably evaluated if the client had seemed to share her concerns appropriately with the worker.

In summary, there is little difference between casework and group work in the opportunity for healthy development afforded the child or in the comfort and appropriateness of the decision for the mother. Strengths in overall adjustment were associated with a plan to release the baby for adoption, and appropriate participation in either casework or group service was associated with a plan thought to be appropriate for the circumstances. But type of service itself seemed to make little difference.

**Characteristics of Clients Who Use One Service Better than the Other**

Though there were no overall differences in response to service, it seemed probable that there were certain unmarried mothers who would handle the individual contacts of casework with greater profit than the group, and certain women for whom the group would be more beneficial. If such characteristics could be identified at intake, it would be possible to assign unmarried mothers to the service which they could best use.

In order to investigate this, assessments of each girl's motivation and capacity to work on her problem, and of the environmental support available, were made from recorded intake material. When a characteristic was found to

be associated with a poor plan for the mother and baby in either service, it was labeled a "negative indicator" for that service; a characteristic associated with a good plan was labeled a "positive indicator" for that service. Overall, a number of positive and negative indicators for casework service were found, fewer for group work. These are presented in Table 3.

**Table 3. Characteristics of Clients and Productive Use of Service**

| Characteristics | Casework | Group Work |
|---|---|---|
| **Demographic** | | |
| Age | 0 | 0 |
| Race | 0 | 0 |
| Dropped out of high school, or behind grade level | — | — |
| Marital status | 0 | 0 |
| Presence of other children | — | — |
| Parents of client separated | 0 | 0 |
| Presence of siblings in the home (client living at home) | + | — |
| Living away from home | 0 | 0 |
| **Problem** | | |
| Has told worker she wants help in making decision (rather than wanting help with decision already made) | + | — |
| **Motivation** | | |
| Weak drive to resolve problem | — | — |
| Unfavorable balance of "push" of discomfort and "pull" of hope | 0 | 0 |
| **Capacity** | | |
| Intense feelings toward intake worker | + | — |
| Resists sharing problem with intake worker | + | — |
| Tends to "dump" problem for worker to solve A | — | + |
| Known negatives in intellectual capacity | — | — |
| Inability to verbalize facts and feelings about problems | — | + |
| Destructive use of defenses around current problem A | — | 0 |
| Problems in functioning in past A | — | 0 |
| **Environment** | | |
| Environment restrictive | — | — |
| Environment not modifiable | 0 | 0 |
| Family activity impeded resolution of problem B | 0 | + |
| Family supports client in work on problem | + | — |
| Family neutral | 0 | — |

A. Difference significant ($p < .10$) in casework service
B. Difference significant ($p < .10$) in group work service

In summary, from Table 3 rough portraits of two different clients begin to be fashioned, one client who will use casework service more productively than group work, the other who will use group work to greater advantage. These clients can be identified from attitudes and abilities displayed in the intake interview.

The girl who will use group work services better than casework tends to be passive and rather "alone" in the world. Her use of defenses now and in the past has been poor, she is inarticulate about what she wants from the agency and has difficulty describing her problem, she displays a low intensity of feeling toward the intake worker, and she tends to "dump" her problem for the worker to solve. Her family may be actively impeding her attempts to resolve her problem, and she will do better in group work if she is not currently part of a sibling group.

In contrast, the girl who will make best use of casework service is active, intense, and supported by her family. Characteristically her use of defenses in the past has been good, and she is handling this problem constructively. She verbalizes easily and says that she wants help in making a plan for her baby. She displays a high intensity of feeling toward the intake worker, though she may be resistive to sharing all the aspects of her problem. She is currently part of a sibling group and has the support (or at least the neutrality) of her family.

In both services, good intellectual capacity (high school graduation or education at grade level, ability to see the facts and focus on the facts of the problem, and ability to make valid cause-effect connections), a strong drive toward problem resolution, and an environment that is not restrictive (or can be modified) facilitate use of service. The girl who is planning for her first child also tends to make a better plan in either casework or group work.

These differences are not large — they can at best be considered possible indicators of use of service. There are only two statistically significant differences between use of casework and use of group work service; the unmarried mother who has characteristically used defenses and adaptive patterns destructively in the past will do better in group work ($x^2=5.1$, $p < .02$) as will the client whose family is impeding her problem resolution ($x^2=2.9$, $p < .10$). There are more indicators of good or poor use of casework service than there are of group work. This unexpected finding may be at least partially explained by the fact that the judgments made about client characteristics at intake were drawn from casework theory. Perhaps the questions asked were simply the wrong questions — different, unexplored characteristics may be those which predict response to group work service.

**Summary and Conclusions**

Developed to assess impressions which were forming about casework and group work service, this study is scarcely more than impressionistic itself. There is no means of assessing the reliability of any of the data, and the judgments which form the data are complex and imprecise. Nevertheless, some hints about the two services have emerged which may be worth further exploration.

The only major difference between the two services was the use of groups in one, and it is notable that only 11 unmarried mothers assigned to group work saw their workers more times in a group than they did alone. Timing and patterns of service were similar in group work and casework, the major difference being that clients in group work tended to be seen before rather than after the birth of the baby. Content of service was focused on planning for the baby and on the relationship with parents (particularly mother) in almost all cases. Feelings about the putative father were extensively discussed in only 30 percent of the cases, suggesting that the dynamics of unmarried motherhood may lie in the relationship with the mother among the women in this sample.

Overall, there was little difference between clients assigned to group work and those assigned to casework in response to service. If anything, considering that they were working with a more difficult group of clients, caseworkers may have experienced greater success in helping clients make a good decision for self and child. Good plans were associated with good overall adjustment, with adequate intellectual capacity, with strong motivation to work on the problem, with a nonrestrictive environment, and with appropriate participation with the worker (or group) in work on the problem.

Indicators of which clients could better use casework and which could better use group work were few. Important was the indication that family support (or at least neutrality) was necessary in casework, but not in group work. Perhaps the group provides the needed support. The group also seems better able to help the inarticulate, passive client who tends to "dump" her problem and has characteristically failed to handle problems well in the past. Factors previously identified as predictors of good use of casework service — strong motivation, good intellectual and "feeling" capacity, and a supportive environment — were again found to be predictors.

Findings about the type of client who does better in group work are unexpected. Attributes identified seem to be those that are not necessary for successful use of group work service; positive attributes that might be expected to be associated with particularly productive use of service are missing. Most probably this is because the theoretical and practice knowledge of group work service was not sufficiently tapped in the design of the study.

These findings are only hints provided by imprecise data. Perhaps, however, they would be worth following in a more highly developed project in which a more extensive attempt was made to ask the right questions about group work, and in which data collection was controlled to a greater degree. Or perhaps the most valuable "next step" would be informal testing of these propositions by caseworkers and group workers as they work with unmarried mothers assigned for service.

* * *

A second study of this client group was made in 1971 when the counseling service was interested in "outreach" work at the Board of Health stations. Workers wanted to know whether and in what ways the clients requesting service at these stations differed from the clients traditionally served. Unfortunately we gathered the wrong data and did not really answer the question. There were some secondary rather interesting findings, however. Since research and counseling staff had worked together on the design of the study, the error was shared.

## SERVICE REQUESTS OF UNMARRIED MOTHERS

During the winter and spring of 1971, Evelyn Diers, Director of Intake and Counseling, and Joan Shireman, Director of Research, undertook a small study. Staff wondered whether service focused on help in making a decision about adoption was really responsive to the needs of unmarried mothers who, in ever greater numbers, seemed to be interested in making a home for their own infants. As an initial inquiry, intake at the Board of Health Project and the regular agency intake was compared for the same six months, July to December 1970. The assumption was that intake at the Board of Health would reflect the needs of the community. There everyone requesting service was seen. Eighty-eight young women were accepted for service through regular intake during that period; 24 were accepted from the Board of Health.

In analysis of the data, it was discovered that almost all girls had initially requested help in thinking about adoption for their expected babies. In retrospect there seemed to be a gap between seeing a client and accepting her for service. It was possible that, consciously or unconsciously, the same criteria of acceptance had been used in both intake processes. Those cases seen but not accepted were not examined. The inquiry was thus of little use in examining requests for service. However, other subsidiary findings were interesting.

Demographic characteristics of clients seen at the agency and at the Board of Health were also similar. The only difference was age. Though the majority of young women in both groups were between 15 and 21, 41% of the regular intake were over 21, as were only 25% of the Board of Health clients.

In looking at the plans made by these two groups for their babies, no difference was discovered. Approximately one-third of each group released their babies for adoption. However, of those under 21, only about 30% released their children, while 50% of those 21 and over released them. Of those clients with children, approximately 25% released their babies, while 40% of those without children placed their babies in adoption. Numbers are small, but of the 10 girls under 21 with children, 9 kept their babies; of the 11 over 21 with no children, only 4 kept their babies.

As a result of this project a client group which may need special help was tentatively identified. If pregnancy in young girls is likely to be the result of disturbed family relationships; if early pregnancy is likely to be repeated;[1] and if placement of the children is not likely; we have a "high risk" client group, probably dooming themselves and their children to lives of increasing despair. What new programs might reach and be helpful to these girls?

* * *

**The Characteristics of Service to Families and Children — 1972**

Around 1971 the nature of the counseling service began to change as it opened its intake to families who needed guidance in dealing with their children, but who were not interested in considering adoption or foster care.

The next study with the counseling staff began with an administrative need for data on which to base decisions. At the end of 1971, the executive suggested that she "felt" that the nature of the cases being carried in the agency was changing. From her observations the cases seemed more complex and demanding of worker time, but she wasn't sure. Primarily to help in planning for personnel needs, she requested the research department discover what kinds of clients were coming to the agency, which ones were being accepted, and what kinds of services they demanded.

In January 1972, every request for counseling service was tracked — all requests for help in planning for an unborn child, for help in managing the problems of raising a child, for help with family problems, etc. The study focused on obtaining a fairly extensive description of the client population and of the service given. The data were gathered through case records and interviews with caseworkers. Staff later regretted omission of interviews with clients.

1 Reported in "Pregnant Teen-Agers," *Today's Education*, Vol. 59, No. 7 (October, 1970). The exact reference of the study done in Washington, D.C. was not given.

## STUDY OF INTAKE — JANUARY 1972

During the past year or more, agency staff members have sensed a change in the kinds of clients being seen at the agency and in the nature of service requested. This change may reflect the changing trends in adoption and unmarried parenthood, as well as increased agency efforts to reach out into the community. This project was designed to substantiate these impressions and to permit evaluation of any shifts in services requested and needed.

This project consists of a study and analysis of all intake requests during January 1972, except children referred from other agencies for adoptive placement. It includes requests for counseling, adoption planning, financial planning, etc. The sample includes a total of 54 cases — 25 accepted, 27 withdrawn, and 2 cases still pending at the time of data closing. Information on case progress after intake was gathered through an examination of case records as well as an interview, when indicated, with the caseworker.

A schedule was designed to gather demographic information about each client, including identifying information, referral source, household composition, and family constellation. Also of interest were the client's reason for requesting service, the client's definition of the problem, and the worker's analysis of the problem. Primary foci of the study were to obtain extensive descriptive data on the client population and to evaluate case outcome.

### Sample Description

*Identifying characteristics.* Out of 54 clients referred for service in January, 47 were pregnant. Thirty-four clients were single, 9 were married and the others divorced or separated. The sample included 39 black clients, 14 white, and 1 Indian. Their ages ranged from 14 to 36 years with most clients being 21 years or under.

**Table 1. Age Range of Sample Population**

| Age | Number |
|---|---|
| 14 - 16 years | 11 |
| 17 - 18 years | 13 |
| 19 - 21 years | 11 |
| 22 - 25 years | 10 |
| 26 - 36 years | 6 |
| Unknown | 3 |
| Total | 54[1] |

Twenty-six of the 47 pregnant clients were due by the end of April, including 12 women who were due in January or February.

1. This figure represents about a 5% increase over last year in the number of women served in the 23 years and over age range.

*Referral source.* The referral sources also varied with the majority of clients being referred by the Board of Health Stations and Michael Reese Hospital (33 referrals). Another 8 clients were referred by a friend or self. There were 6 referrals from medical or hospital facilities in addition to Michael Reese Hospital. The remaining referrals were from various community sources.

*Service request.* The majority of clients were seeking either adoption planning or counseling. This classification differentiates those clients who mentioned an interest in planning adoption placement for their children and those clients who requested counseling with no specific plan in mind. Other requests were for more specific services.

**Table 2. Range of Service Requests**

| Service | Number |
|---|---|
| Adoption counseling | 18 |
| Counseling | 19 |
| Financial assistance | 9 |
| Abortion | 3 |
| Shelter and child care | 3 |
| Tubal ligation | 1 |
| Other — job information | 1 |
| Total | 54 |

*Disposition.* The January intake included 25 clients who were accepted for service, 27 clients who withdrew, and 2 for whom acceptance was pending at the time of the study. The clients who withdrew included 14 to whom information only was given; one client did not want regular service; another was referred elsewhere, and 11 failed to keep the intake appointment. In the 2 cases which were pending, the client had not called for an appointment.

*Withdrawn cases.* Of the 27 clients who withdrew from service, 23 were pregnant. The referral sources were fairly representative of the total intake for January. The requests varied from counseling to a request for job information.

**Table 3. Service Requests of Clients Who Withdrew**

| Service | Number |
|---|---|
| Adoption | 6 |
| Counseling | 7 |
| Financial assistance | 6 |
| Abortion | 3 |
| Shelter or child care | 3 |
| Tubal ligation | 1 |
| Other — job information | 1 |
| Total | 27 |

The last 5 of the above categories represent requests by persons to whom information only was given.

Eleven of the 13 clients requesting either adoption or counseling failed the intake appointment. Of this group 6 had initially requested adoption and 5 clients had requested counseling. The 5 persons requesting counseling were all pregnant. There did not seem to be any distinguishing characteristics of this group except that from the brief description in 3 cases, some conflict was observed between the maternal grandmother, who wanted the baby placed, and the mother, who wanted to keep the baby. In the other 2 cases there was not enough information to make a judgment.

The 6 persons requesting adoption and failing to keep the intake appointment were a group of young women (five were 15-18 years) without children. The referral sources were more varied: two were from hospitals, two from agencies, one from a minister, and one from the Board of Health. (The girl referred by the Board of Health miscarried.) With the exception of the Board of Health the appropriateness of some of these referrals might be questioned in view of their less frequent contact with the agency.

*Clients accepted.* Of the 25 clients accepted for service, 22 were pregnant. Eight of these were due by the end of February, and 17, or 77%, were due by the end of April. Eleven clients requested adoption counseling, 11 requested general counseling, and 3 requested financial assistance. Nine clients were under 18 years of age, seven were 18-21 years, and nine were over 23 years. Approximately one-half of the women in this group did not have children and the rest had from 1 to 4 children. Eighteen of the 25 persons were single, 3 were married, and 4 were separated. The referral sources seemed to be representative ot the total sample with about 50% of the referrals being made by the Board of Health Stations. Five of the 25 cases accepted for service were closed by the end of February.

**Outcome of January Intake**

*Brief period of contact.* In reviewing the progression of cases over a 4-month period, of note were the rapid turnover of cases and the brief involvement of clients in counseling. Out of 25 clients accepted for service in January, only 4 continued to be active as of the first part of May. Of the remaining 21 clients, 15 were statistically closed and 6 were inactive and being closed. Over the 3-4 month period until April 30th, the mean number of interviews per client was 3; the mode was 2 interviews. The number of contacts ranged from the intake interview only (4 cases) to 14 interviews in 3½ months.

Ten of the 15 closed cases were closed by the end of March; the other 5 were closed in April or early May. The service requests by these clients were financial assistance, three; counseling, six; and adoption, six.

Follow-up revealed that out of 22 cases in which the client was pregnant, only 3 women actually placed or planned to place the child in adoption.[1] None

1. A study of use of service by unmarried mothers at CCCS in 1968 showed exactly half of those mothers who received service released their infants for adoption. Only 3 (14 percent) of the mothers receiving service in this study released their infants.

of the applicants who initially requested counseling decided to release the child for adoption. The clients who did release their children, or still planned to release, initially requested help in adoption planning.

The 4 clients who have continued to be active with the agency all initially requested adoption service. Two of these clients have made plans for the release of their children, one client has decided to keep her baby, and 1 client has remained ambivalent about her decision.

*Request for financial assistance.* In further assessing outcome and initial request, the 3 clients who requested financial assistance are no longer active with the agency. Very few contacts were held with these clients. Despite limited contact with the worker, two clients were helped with financial planning. The third client attended a group meeting and participated extensively; she became uncomfortable and never returned. All of these women were pregnant and planned to keep their babies.

*Request for general counseling.* Of the eleven clients requesting counseling, eight were interested in counseling around a pregnancy, the other 3 were not pregnant. Two of the latter 3 cases have been closed, one by plan, and the other due to inability to contact the client. In both instances the clients indicated their situations had improved. The third was being closed because the worker felt that the client was unable to use counseling at that time. For clients requesting general counseling the mean number of interviews was 4.7.

The client with whom contact had been lost had requested help in coping with her own problems and in dealing with her 13-year-old daughter. Mrs. C., a woman with a history of mental illness, had some awareness that her own emotional fragility was contributing to the problems between herself and her daughter. Because of increasing vulnerability to stress, Mrs. C. had made plans to see a psychiatrist. The worker felt her reason for application may have been motivated by a need for support until she could make arrangements to see the psychiatrist. A total of 5 interviews were held during the two month period. Mrs. C. and her daughter felt they were able to relate better as a result. The worker felt the counseling had helped to clarify their difficulties in communication patterns. The case was closed when the clients moved, and the worker was unable to locate them. The worker assumed Mrs. C. had been accepted for treatment elsewhere and did not wish to continue with the agency.

*Request for adoption.* Of the initial requests for help in adoption planning, only 4 cases continued to be open at the beginning of May. Six cases were closed. Four of these clients decided to keep their babies; one client placed her baby independently, and 1 client released her baby for adoption. All of these clients were due between January and March, 1972. The mean number of interviews was 3.7.

Only 2 clients requesting adoption counseling resisted further contacts after the intake appointment. Another client was referred to Booth Memorial Hospital and the worker did not see her as she decided to keep the baby. Three cases were closed after the baby was born, and another case was closed by plan before the delivery. In this case the worker had 2 contacts with the client who used the interviews to discuss her ambivalence about adoption. She finally decided to keep the child and spent the remainder of the time discussing practical considerations to facilitate her plan. The worker felt she related well and was thoughtful in presenting her plans and in thinking about her alternatives. They agreed to terminate since their initial goals were completed.

*Request for counseling.* Of the eight clients requesting counseling around the pregnancy (or the pregnancy precipitated the referral), all planned to keep their babies. The mean number of interviews for this group of clients was 2.5. Only 2 of these clients had fewer than 2 contacts after intake; in both instances the clients felt their situations had improved and they did not want counseling. One client indicated that she may call back in the future. (There was some question about the referrals in each of these instances.)

*Comparison of pregnant clients requesting counseling and adoption.* Generally the clients who requested counseling were younger than the clients requesting adoption. Four out of 8 clients requesting counseling were under 18, while only 1 out of 11 clients requesting adoption was under 18. The family relationships in the counseling group appeared more conflicted. In 5 cases there was evidence that the pregnancy may have been a symptom of family conflict. All of these persons lived with their parents. (In 4 of these instances the worker planned and offered family, group, or joint interviews.) The other 3 counseling requests were from single or separated women, living alone or with their children. They all had other children and generally appeared to be somewhat immature women, isolated and depressed, who were overwhelmed with their current responsibilities and situations. They appeared vulnerable and dependent at the time of intake, and they lacked a significant relationship which could offer them support.

For example, a 24-year-old woman came in requesting counseling as she was pregnant with her second child and was at a loss as to how to care for two children. She was very much alone in Chicago as her family lived in the South. Her boyfriend had deserted her and she recently had to leave her aunt's home where she had been staying. She lacked financial resources and had no stable living arrangement. The worker felt she was overwhelmed with her entire situation and depressed about the rejection of the putative father. She felt the client needed help in dealing with the loss of the child's father and in managing the responsibilities of the pregnancy.

Persons requesting adoption appeared to be functioning better, at least superficially. A couple women were employed and were attempting to care for their children. In only 2 cases did there appear to be overt family or marital conflict. Many of the women seemed to be depressed and rather isolated

individuals whose requests for service were precipitated by concerns about their ability to care for a child, or another child. Four of the women, 18 or over, lived with one or both of their parents; the client under 18 also lived with her family. On the whole, the women over 18 seemed to be rather dependent persons who have had unsatisfactory relationships with men.

*Flexibility of treatment plan and assessment of completed cases.* The modalities in which these clients were seen indicated more variability than was estimated at the time of intake. At intake, individual interviews were planned for 14 clients. In fact only 9 clients were seen exclusively in individual interviews. Another 9 clients were seen in individual interviews, plus occasional joint or family interviews. (This included clients seen with parents, boyfriends, children, etc.) Two other clients were seen in a group and one worker saw a couple for marital counseling. This reflects increasing worker flexibility in responding to the needs of individual clients.

Despite the brief service contact there was a 52% "success" rate — a sizable percentage considering that 16% of the accepted cases dropped out after intake. That is, both worker and client felt that the initial goals had been accomplished and they agreed to terminate. For these completed cases there was a mean of 4.3 interviews ranging from 1 interview after intake to 14 interviews by the end of April.

**Summary and Conclusions**

The study revealed a group of clients who presented a variety of requests, with a very high proportion involving requests for service around a pregnancy (forty-seven out of 54 referrals). Despite this similarity, a wide range of problems emerged. There seemed to be a higher proportion of counseling requests over past years, but this increase may have reflected in part a change in agency philosophy. A much smaller proportion of women actually released their babies for adoption regardless of their initial request. Only 14% of the pregnant clients released or planned to release as opposed to 50% in 1968.

Over half of the clients referred for service never followed-up with the intake appointment. However, at this point of initial contact the agency played a major role in making referrals and giving information. In well over half (15 cases) of these instances, the worker was instrumental in giving information, such as interpreting eligibility for public aid, or in helping a client find an appropriate resource as, for instance, in a request for abortion.

For those clients accepted for service, the contacts were limited. The number of interviews ranged from 0 to 14 interviews after intake. The two cases of longest duration were student cases (8 and 14 interviews). The common service was a brief service with a mean of three interviews per client. By the beginning of May only 4 cases remained open and active. About 50% of the cases were closed at the time the baby was born.

Despite brief contact, the findings showed that half (52%) of the cases were completed at the point of closing. That is, the initial goals were accomplished, and both worker and client agreed to terminate. Considerable flexibility of treatment plan and treatment modality was exercised. An increasing number of workers were seeing clients jointly, in groups, and in families. This fact demonstrates responsiveness of workers to individual client needs.

Before remarking on the implications of the data, a few comments need to be made about its limitations. The sample is quite small and there is no certainty that it is a typical sample of intake for any one month. However, there is no apparent reason to feel that it is not representative of our client population. Also the study is not absolutely current since the agency undergoes continual change. Indeed an agency reorganization occurred subsequent to the beginning of this project. The data therefore must be viewed tentatively.

The most striking pattern to emerge from the study seems to be the trend toward brief service. If in fact most clients are receiving brief treatment only, perhaps a clarification or redefinition of the service is indicated. An alternative might be to offer a time-limited, crisis-related service to clients by design. This plan would allow for a worker-client evaluation and recontracting at the time the initial contract is filled.

In conjunction with the limited client contact, about half of the cases are closed at the time the baby is born. This is puzzling. It may reflect a worker and/or client lack of interest, or staff may be interpreting the service in a way that encourages clients to drop out at this point.

Because of the large percentage of clients (28%) who do not follow-up after intake, or have only 1 contact after intake, it may be wise to evaluate the intake process. Does this figure reflect a need for a more extended intake or, perhaps, for a revision of intake procedures? Exploration of various intake methods may prove worthwhile.

Another issue which needs further consideration concerns the degree of commitment to families. According to the findings, a great deal of worker time has *not* been expended in long-term, out-reach service. Certainly the question arises as to whether a brief service is really sufficient for the complex problems some clients bring. How much time is the agency and/or the worker willing to devote to any one family? What types of services is the agency interested and capable of offering? Is there commitment to offering a comprehensive service to families regardless of worker time required?

* * *

The research answered the executive's questions and also showed that most clients accepted for service had few contacts with the caseworker. Agency service had been described by caseworkers as long-term, with goals such as enhancing ego functioning or strengthening family life. Less than one-tenth of our sample received this type of service; the mean number of interviews was three per family. Yet in half the cases, workers reported that clients' needs for service were met.

Where was the discrepancy? What type of service was really being given? In a series of meetings over the summer, the counseling staff explored the findings and discussed their ideas as to what lay behind them. Staff members did not question the validity of the research, probably because the data were relatively "hard" — such as number of interviews. As they discussed the meaning of the findings, the caseworkers worked out ideas of new ways to involve clients in long-term treatment. Note that the caseworkers' goal — long-term treatment to enhance ego functioning — and the methods they discussed to attain this came from their practice wisdom. The function of the research had been to make them aware of a problem; their practice was not in accord with their expectations.

At the conclusion of these meetings there was a general "good" feeling shared by administration, caseworkers, and research staff. Administrative questions about the nature of caseloads had been answered. Caseworkers had thought through and clarified for themselves an aspect of practice. And it seemed that research had been integrated into the fabric of agency practice.

**Definition of Casework Services**

About this time discussion began regarding a major research project to be done in cooperation with the Family Institute of Chicago. The plan of the study was to compare results in cases treated with our usual casework methods and cases treated with family therapy. The first task in preparation for this project was to define family therapy as practiced at the Family Institute (the Family Institute research staff did that), and to define casework as practiced at CCCS.

Defining casework is difficult. After extensive work a model was developed based on task-centered casework as delineated by Reid and Epstein.[1] This model was of particular interest because (1) it outlined goals of service in a way that made it relatively easy to determine how to assess case outcome, and (2) it was based on a concept of brief service that seemed similar to current agency casework practice. The definition of casework practiced at CCCS was presented to the casework staff.

1. William J. Reid and Laura Epstein, *Task-Centered Casework* (New York: Columbia University Press, 1972).

The caseworkers did not like the definition. They insisted it did not describe casework as they practiced it. When it was pointed out that it was consistent with the data of the study, they suggested a replication. Some even offered to rewrite parts of the definition in order to describe casework as they thought it was practiced.

What had happened? Caught in a bind between what their practice wisdom told them about casework service and its goals and what the data of the research study suggested, they were pressured toward accepting the new facts, but unwilling to abandon previous ideas. They were willing to use the data in an attempt to bring practice into conformity with their theoretical model. They were not ready to modify their theory. They had not explored or accepted the idea that the brief service described in the study represented successful casework within the framework of more limited goals.

This dilemma is common for the practitioner involved in research. After all, knowledge of practice has been built up over many years experience. Yet intellectually, the child of a scientific world, the practitioner believes in and wants to use more systematically acquired facts. And it is often difficult to say which is "right." Probably the best statement is that neither practitioner nor researcher reject the knowledge of the other.

Through the summer of 1973, the research and casework staffs worked together to develop a definition of casework. The work of this group was absorbing to everyone. It exemplified another facet of having a research department in an agency — the legitimation of time just to sit and think. Rather extensive notes of these meetings were kept; excerpts from a few of them illustrate the process of working together, and the definition that emerged.

## MODEL 1

## A DEFINITION OF CASEWORK AT CHICAGO CHILD CARE SOCIETY

### The Casework Model

*Mutual responsibilities of client and caseworker.* In the casework process, as it occurs at Chicago Child Care Society, the client and the caseworker share in the process of defining the problem on which they will work and in working on the resolution of the problem. The client bears the main responsibility for sharing the facts of the problem, including the feelings about it, the role of other significant people, and the resources and gaps in his environment. The caseworker offers a perspective of the problem, based on objectivity, expert knowledge (of persons and of the community), and the resources which the agency can provide. The client takes any action needed to resolve the problem; the caseworker supports and facilitates this action.

At this particular agency, initial approach to the casework experience is made by the client, who is at least somewhat uncomfortable about a problem. The discomfort may be minimal and the perception of the problem vague; this is probably particularly true in cases referred by nurses at the Board of Health Stations. The problems perceived by the client are explored and clarified by the caseworker in the first interview or (in complex situations) possibly in the first two or three interviews.[1] The worker shares with the client the function of the agency and the resources which it can bring to bear on the problem; usually this is done verbally, occasionally in "outreach" cases through a demonstration of service over a period of three or four weeks.

Eventually (after one interview) a problem is selected by client and worker together as the "target problem" or "problem to be worked." The selected problem is that (1) around which the client feels greatest discomfort, (2) to which the worker and client together have some resources to bring which may facilitate problem resolution, and (3) toward the resolution of which there is some action the client himself can take.

Once the "problem to be worked" has been identified, "tasks are formulated and selected *in collaboration with the client,* . . . A task defines what the client is to do to alleviate his problem." "More than one task may be developed and worked on in a given course of treatment."[2] The task selected is based on the course of action the client thinks would be most effective. The caseworker's role is to help the client evaluate various courses of action and select a focused task at which he will probably succeed.

1. Helen Harris Perlman, *Social Casework: A Problem-Solving Process* (Chicago: The University of Chicago Press, 1957). Mrs. Perlman's book contains probably the most detailed and the best description of this process.

2. William J. Reid and Laura Epstein, *Task-Centered Casework* (New York: Columbia University Press, 1972), p. 21. Also see pp. 92-120 for further detail.

As a case proceeds and the initial problem is resolved sufficiently so that it is no longer a major source of discomfort, client and worker together evaluate next steps. The case may be terminated if sensitive exploration and evaluation of the client's life situation reveals no problem on which he desires to take action. If problems remain which are within the scope of the resources of client and caseworker, a new problem may be agreed upon for work. Each problem is selected by caseworker and client together and the goals and tasks are developed together. Work is focused on one problem at a time, so that in a given case there may be a series of "contracts." Persons other than the primary client are seen as their input is needed, either in focusing on a problem or carrying out the tasks necessary to resolve the problem.

The basic premise of this model is that only the client is in a position to take action to resolve the problem. If there is no action which he wishes to take, there is no possibility of problem solving. Caseworker and client work together on the problem the client perceives. The "goal" of each case is resolution of the problem (or series of problems) on which the client wishes to work. (Note that the goal is not the resolution of underlying problems which the caseworker perceives — unless these problems are shared with the client, make sense to him, and seem to him to be problems on which he wishes to take action.)

Because this is an agency dealing with children, there is one type of case in which mutual responsibilities may be somewhat different. If a child needs protection and care, whether he is in his own home or a foster home, the caseworker assumes the responsibility for seeing that he gets that care. This may mean staying "in" a case over a period of time in which no action is taken by clients toward problem resolution in order that the caseworker may exercise a protective function, constantly assessing the risks to the child of his present life situation balanced against the risks in other life situations. In such a case the worker may also have a sustaining role; his interest may enable parents and/or foster parents to function more adequately, or may enable a child to function more adequately. There may well be periods of time in such a case when action is taken toward problem resolution in the manner outlined in the casework model, but these are episodes in a long relationship. The goals of such a case are difficult to state, and measurement of outcome is complex.

*Types of problems.* In general, the types of problems which are treatable within the framework outlined above are (1) problems in interpersonal relations (most often expressed in our caseload as parent-child problems), (2) problems of relations with formal organizations (for example, problems of an adolescent in getting along in school), (3) problems in role performance (for example, the mother who is unable to function in a maternal role toward her children), (4) problems at points of social transition (as when an unmarried mother must first care for her baby), (5) reactive emotional distress (such as the emotional upset of a parent reacting to severe environmental pressures), and (6) inadequate resources (for example, lack of necessary information to plan for an expected

baby).[1] Omitted from this list of target problems is that type of problem which the client is unwilling or unable (with the emotional, cognitive, and practical assistance the caseworker can give) to take action to resolve. These problems are probably not amenable to casework help.

Though the categories, broadly interpreted, seem quite inclusive, we need to think carefully about them — perhaps attempting to classify the cases in our current caseload. Are there problems with which we customarily deal which are not included in this listing?

*The goals of casework.* The goal of work with each case is the resolution of that problem (or series of problems) on which client and caseworker have agreed to work. This can be expressed in terms of putting the client in "control" of the problem situation(s), a term used in family therapy. It is hoped that the client gains this control through improved ego functioning, based on cognitive learning and methods of problem solving, and emotional growth in the accepting and sustaining casework relationship. If this happens, presumably the "control" gained in resolving one problem would be generalized to other problems. However, probably all we will be able to measure is the resolution of the problem(s) on which worker and client have worked.

Those cases in which the protection of a child is involved have a different set of goals — possibly substitute goals, or possibly additional goals. The goal really seems to be to sustain the child's growth (physical and emotional). With children this is dependent on manipulation of the environment in which they live. It may be that this work with the environment (primarily parents and/or foster parents) can be conceptualized in terms of resolution of a series of problems whiich can be specified and on which those concerned agree to work. I am not really certain how to apply this framework to these cases, and need your help in thinking this through.

**The Caseworker's Activity**

One of the problems in the design of this research is to make sure that the workers in each discipline, though they work from different theoretical bases, actually *do* different things with clients. If they do the same thing there is nothing to contrast. I have therefore attempted to make a start at setting down the actions of the caseworker which seem to follow from the model. I am most eager to have your ideas about whether these actions describe what actually occurs here, and I need your additions of omitted techniques.

*Selecting the problem: exploration and diagnosis.* The inital phase of casework contact is spent in the caseworker's exploring with the client the problems about which he feels discomfort and making an explicit agreement

1. Reid and Epstein, *Task-Centered Casework*. See Chapter 3 for more detail on this problem classification.

with the client about the problem to be selected for work. In this process of exploration the caseworker encourages the client to describe:

(1) *The nature of the presenting problem.* What are the circumstances of the difficulty with which the client is faced — the obstacles he wishes to get over or the end he wishes to achieve?

(2) *The significance of the problem.* What is its import to the person (or to his family or the community) in terms of its psychological, social, and physical welfare implications? What does the problem mean and feel like to him who owns it?

(3) *The cause(s), onset, and precipitants of the problem.* How did this problem or need come up? What brought it to a head? What are the cause-effect, effect-cause forces operating here?

(4) *The efforts made to cope with problem solving.* What had the client thought to do or actually tried to do, himself or with the help of others, to work at the problem? What are his fantasies or wishes in relation to its solution? What has been his problem-solving behavior—his protective or adaptive operations? And what resources does he have—within and outside himself?

(5) *The nature of the solution or ends sought from the casework agency.* What is the client's conscious motive in turning to this agency as a source of help? What are his ideas as to what he wants and expects from it, and what are his role and relationship to it?

(6) *The actual nature of this agency and its problem-solving means in relation to the client and his problem.* What and how can this agency do to help this person? What enabling resources does it have to give? What requirements must it make of the client? What is its proper function in relation to the problem presented?[1]

If problems are numerous, the client is helped to rank them, deciding which is the most uncomfortable and on which problems there is some possibility of action.

The caseworker's diagnostic thinking begins as the client initially describes his problem and continues through the case. Diagnostic judgments, "a joint product of information he has gathered about the case and his professional knowledge,"[2] are first addressed to problem exploration and definition. The diagnostic decisions made at each phase of the casework focus and limit the casework process, thus shaping future diagnosis. This diagnostic thinking occurs in the context of communication with the client. Any diagnostic hypothesis should be tested through data provided by the client.

1. Perlman, *Social Casework*, p. 115.

2. Reid and Epstein, *Task-Centered Casework*, p. 75.

> Diagnostic hypotheses in this model should serve the pragmatic function of helping the client move ahead with his problem-solving tasks. If a caseworker's hypotheses make little sense to a client, the caseworker is well advised to formulate other hypotheses that the client can validate through his own statements and can assimilate into his own thinking.[1]

The implication of a highly focused cognitive model is hard to avoid in writing. It is important to note that this exploration and problem selection take place within the atmosphere of warmth, acceptance of the person, concern about feelings, and empathy. These are the emotional components which free the client to engage himself in a problem-solving relationship with the worker.

> The essence of our position is that the client himself has the primary responsibility for identifying the problem to be treated. In this view, therapeutic attention is addressed not to hypothetical disorders that we define but rather to what the client is complaining about and presumably wants help with. Thus our change efforts are directed at manifest problems of interpersonal conflict, role performance, and the like, rather than at underlying conditions as defined by the clinician. This does not mean that our diagnosis needs to be limited to the problems expressed by the client, that we should not address ourselves to the underlying causes of these problems in treatment, or that we do not have a responsibility to help clients recognize and express problems of which they are not immediately aware or that they cannot verbalize. It means rather that our definition of what we want to change should correspond closely to the client's initial or emergent conception of what he wants changed. The main rationale for this position is simply that the client will not let us do much else anyway — his conception of what he wants altered places stringent limits upon our helping efforts, no matter how well justified these may be in our value and theoretical systems . . . . That is, our attention is directed to a theory of problem-change rather than the theories of change in personality, attitudes, or behavior as such, even though such theories are germane to problem-change.[2]

*Action on the problem.* Separation of diagnosis from action is purely conceptual and artificial. In practice they proceed simultaneously with the caseworker thinking, testing his ideas, listening to the client, modifying his ideas; the client thinking, testing his ideas, listening to the caseworker, modifying his ideas. It may, however, be helpful to sort out some of the techniques used by the caseworker as he and the client work together.

1. *Ibid.*, p. 77.
2. *Ibid.*, p. 79.

In this model, the first activity after selection of the "problem to be worked" is a mutual decision on that action which a client might take to alleviate the problem — his task.

> Our model is largely an attempt to enhance the natural task-setting and task-achieving of individuals in difficulty . . . . Most individuals sooner or later take constructive action to alleviate their troubles . . . . Such coping efforts may be seen as natural tasks individuals set for themselves in order to resolve problems.[1]

The client's motivation — what he wants to do about his problem and how much he wants to do it — is the central guideline in shaping the client's task. The caseworker's role is to apply his objectivity and knowledge to support tasks and to help the client evaluate various courses of action. If the caseworker attempts to guide the client into a plan of action, he should have good reasons which he discusses with the client. A task must make sense to the client and be one he is willing to perform.

The caseworker must also use his knowledge to help the client select a task which is feasible. It must not demand behavioral changes impossible for the client at this time, nor should unalterable obstacles in the environment be too great. Finally, the caseworker and/or his agency should have the resources to help the client carry out his task.

Of major importance in the work of the caseworker is the use of the relationship between himself and the client as a corrective experience.

> For the growth of any living thing two conditions must be present: nurture and the exercise of innate powers . . . . The casework process, like every other process intended to promote growth, must use relationship as its basic means . . . . Relationship is a condition in which two persons with some common interest between them, long-term or temporary, interact with feeling . . . . Relationship leaps from one person to the other at the moment when emotion moves between them . . . . All growth producing relationships, of which the casework relationship is one, contain elements of acceptance and expectation, support and stimulation . . . . A professional relationship is formed and maintained for a purpose recognized by both participants, and it ends when that purpose has been achieved or is judged to be unachievable . . . .

1. *Ibid.*, pp. 94-95.

> The casework relationship may have several therapeutic values . . . . To be cared about by someone for whom one has respect and liking enhances the personality . . . . Not only in childhood, but also in adulthood . . . we take into our innermost selves the attitudes and behaviors of people who nurture us psychologically . . . . In a relationship that offers warmth, sustenance, and assurance, some to these energies are released from their defensive tasks. They may be invested elsewhere — perhaps in the service of experimentation with change and adaptations in thought or action.[1]

Transference of feelings from earlier relationships (and the caseworker's counter-transference) arise to complicate the casework relationship, as they do any therapeutic relationship. Generally speaking, the caseworker attempts to maintain his identity as an individual and to control transference phenomena by maintaining focus on problem-solving in his work. Occasionally the distortions of the relationship caused by transference must be pointed out and worked on with the client.

> Warmth, receptivity, sympathetic responsiveness; acceptance of the person as he is and expectation that, with help, he will strive toward change in himself, or his situation; purposiveness, objectivity, and goal; the ability and willingness to be of help, authority of expertness and of charge — all of these characterize the caseworker's professional relationship. Within this dynamic matrix of acceptance and expectation, security and stimulation, the conscious work of problem-solving takes place.[2]

Any attempt to list the techniques of treatment commonly used in casework immediately becomes appallingly complex. Probably it is most sensible to use the Reid and Epstein techniques, particularly appropriate to task-centered casework, as a beginning point.

(1) *Exploration.* The term refers to the practitioner's efforts to elicit data from the client. It serves two purposes: to provide the worker with needed information and to focus the flow of communication on relevant content . . . . Once a task has been formulated, exploration is concentrated primarily on task-related questions . . . . Data gathered on the client's task performance through exploration provides the informational bases for the practitioner's operations in all subsequent categories.

(2) *Structuring.* Structuring operations comprise the worker's communications about the structure and directions of his interactions with the client. They include general explanations of the purpose and nature of treatment . . . ; communications about the problem, tasks, and time

1. Perlman, *Social Casework*, pp. 64-74. See Chapter 7 for more detailed discussion of these aspects of relationship.
2. *Ibid.*, p. 83.

limits around which treatment will be organized; and specific focusing responses which explicitly direct the flow of client communication toward task-relevant content.

(3) *Enhancing the client's awareness.* They comprise the practitioner's efforts to provide the client with information about his own behavior and problems, about others, or about his situation . . . . In this category are included operations which in other systems have such labels as "interpretation," "clarification," "confrontation," and "reflection." In our system these various types of interventions are grouped into two sub-categories: (1) responses aimed at increasing the client's awareness of others and his situation; (2) responses aimed at increasing the client's awareness . . . are concentrated on helping the client carry out specific tasks . . . . Much of the caseworker's use of awareness enhancing tachniques occurs in helping the client work through obstacles to task achievement . . . . In some situations, enhancing the client's awareness serves more to facilitate task behavior than to remove specific obstacles; for example, the caseworker provides . . . information . . . [or helps a mother] gain a more accurate perception of her child's behavior.

(4) *Encouragement.* A caseworker makes use of encouragement when he expresses approval or some other kind of positive reaction to actions the client has undertaken, is carrying out, or is contemplating . . . . In the present model, encouragement is used primarily to strengthen and stimulate behavior that might be expected to contribute to progress toward the tasks.

(5) *Direction.* Responses in this category convey to the client the caseworker's advice or recommendations about possible sources of action the client might take as part of his work on the task . . . . Direction proposes action possibilities the client has not considered or at least puts the caseworker on record as recommending one of several courses the client may be considering.[1]

The major difference between this list of techniques and those used in the more familiar "problem-solving" approach seems to lie in the sharper focusing on carrying out the selected task.

We need to examine this list of techniques very carefully. We need to know (1) whether these techniques reflect the casework techniques actually used at CCCS, (2) whether additional techniques should be included, and (3) which techniques are emphasized in our work. It may be that we will decide that we need a completely different system of thinking about casework techniques if we are to best reflect our work.

1. Reid and Epstein, *Task-Centered Casework*, pp. 149-170. See Chapter 7 for more detail about these techniques.

*New contracts or termination.* When the goal of resolving the problem selected for work is reached, caseworker and client stop and decide where to go. If work on the first problem has sharpened worker and client awareness of another problem, perhaps one more fundamental to client functioning, and if success on working on the first problem has given the client impetus to continue, a new contract to work on a new problem may be developed. If not, termination is appropriate.

The problem which the client brought is probably seldom fully resolved in all its dimensions when the appropriate time for termination arrives. Rather, the client can look back on achievements in carrying out tasks focused on solving the problem, and can with confidence plan further tasks which he can carry out on his own. The task of the caseworker at termination is to help him do this, so that treatment ends for the client with a "feel" of success and energy to continue work on the problem.

> When an individual leaves a particular course of brief treatment he does not necessarily terminate his career as a client. We do not see the client's returning for further help as an indicator of the insufficiency of an earlier treatment experience, even if he comes back for help with the same kind of problem. Problems of living are akin to certain kinds of physical conditions, like upper respiratory infections perhaps, which occur periodically and for which we may seek medical help from time to time if they become serious enough. If there were some "once and for all cure" for such conditions we should probably take it, but there is not. Similarly there is no definitive cure that we know of for problems of living.[1]

* * *

1. *Ibid.*, pp. 198-99

## NOTES FROM COMMITTEE WORKING ON DEVELOPMENT OF DEFINITION OF CASEWORK AT CCCS

To: Mrs. Obenhaus
Counseling staff
From: Joan Shireman

**Meeting with Counseling Staff of 3-8-73**

The meeting of the counseling staff was opened by my request that staff think with me about whether the proposed model "fit" the work they were doing — what were the problems, where did modifications need to be made. Discussion was intense.

In general, the consensus was that there was discomfort with the model. The workers described a type of case, or method of working, in which their goal was resolution of underlying difficulties which generally impeded the client's functioning, such as difficulty in relationships. To accomplish this, workers discussed with the client whatever problem the client was having at the time of the interview. Interest was not on helping the client resolve these problems per se, but in using these problems as vehicles through which the client could work on the problem identified by the caseworker. The caseworkers felt they would experience success with this work only if the client's ego functioning were strengthened. Ken took on the task of developing a list of behaviors through which strengthened ego functioning could be identified.

We were unclear about whether this "underlying problem" case was the identification of another type of case we carry, whether it was actually a form into which any of our cases could be fit, or whether it was not a type of case at all, but rather a matter of worker "style."

In any case, it is clear that resolution of the problem presented by the client is not a goal with which our staff is comfortable. The whole question of measurement of success needs further thought.

* * *

To: Counseling Staff
From: Ken Watson

The committee to develop the conceptual model of our casework counseling service (as a prelude possibly to comparing it to a family treatment model) has been formed.

The committee members are Ann Cook, Evelyn Diers, Penny Johnson, Geraldine Manar, Ruth Sackerson, Joan Shireman, and Ken Watson.

The first, and perhaps most difficult, task is finding a time when we can all meet. Our first meeting will be at 10:30 a.m. on Thursday, June 21. Please make every effort to attend.

**Committee Meeting of 7-5-73**

Two records formed the basis for discussion at this meeting. Though one was a foster child who has grown up in CCCS care, and one an unmarried mother, we quickly identified a similar pattern.

Both cases represent clients we would not be seeing had they not come to us due to reality problems revolving around the care of a dependent child. Both primary clients are seen as ego defective and deeply involved with an "ego-inclusive" parent figure. Propulsion for service comes from the ego-inclusive parent, whose goal is maintaining a threatened status quo. The goal of the client and caseworker is change.

Work with the ego-defective client, then, occurs in two stages — the struggle to exclude the ego-inclusive parent and then the long series of tasks which build the client's ego capacity. Client and caseworker share a common goal, but the beginning steps along the way can be perceived and organized only by the caseworker. As the client's ego capacity grows, he progressively takes over the organizing, evaluating, and task-setting role. Is successful termination measured by the degree to which the client is able to take on this role?

We moved from this material to discuss two other types of clients whom we often see because of mutual involvement in the life of a dependent child, and whom we felt did not fit the task-oriented model.

The first of these is the psychotic client, characterized by severely impaired reality testing so that he is living in a world not perceived by the caseworker. The difficulty is in making the diagnosis. Once made, we were clear that the caseworker did not deal with the psychosis itself, but rather learned to work around the psychosis and to support any functioning that would enable the dependent child to get good care. The caseworker may also mobilize other resources — family or community — for the client. This seems to be true whether the child is at home or in a foster home.

We decided to look at some cases of character disorders in order to identify the caseworker's activity in our next meeting. We also hope to review the caseworker's role with children in foster homes, and to check over our types of cases and diagnostic categories to see if we have other clients who do not fit our model.

**Committee Meeting of 7-19-73**

We struggled in this session with the "fit" of our model to the client with a character disorder. Our discussion was based on cases read, but we noted that we were not really sure of the diagnosis in some of these cases. Eventually, we decided that we were not concerned with a limited diagnostic category, but rather with a type of client we see and work with primarily because of his impact on those around him, or because he is a foster child in our care.

In our discussion we noted that we were not dealing with very "pure" diagnostic categories, but rather with types of clients who seemed to need unique patterns of service. So far we have identified the "ego-symbiotic," the "character disorder," and the psychotic.

In the final half hour we discussed work with the foster home in which the child was being reasonably well cared for and was reasonably symptom free. It seemed that a major part of our role was knowing the family well enough to make the decisions that fall into the province of the agency. We also identified a preventive-protective role.

In preparation for the next meeting we agreed on several varied tasks: (1) to read the case D. in order to discuss treatment of the psychotic child in foster care, (2) to draw up a list of ideas about how we work with the foster parent and with the foster child, and (3) to review the model and think through all recent cases we know and see if any demand a treatment method not yet discussed.

We agreed that we need to consider the cases in the day care service. After some discussion, we decided to postpone this, perhaps taking it up in the fall when committee members return from vacations.

In our next meeting we would like to complete our discussion on models of casework in the foster care and counseling services, and to be ready to write a statement for review by other staff.

**Committee Meeting of 8-2-73**

Much of this meeting was devoted to picking up odds and ends of ideas and problems left over from other meetings. We, however, attempted to put together a new description of casework service, and at the end of the meeting felt we had at least a working model.

One of the questions raised in an early meeting was whether it was still true that only about 10 percent of our clients in counseling service were seen three or more times, as reported in a study of cases done between January and April, 1972. Using data from another recent study and the monthly CHILDATA reports, I made an estimate that between February and June 1973, about one-quarter of the clients in counseling service were seen three or more times. Variation among workers was great, ranging from one worker who saw only 6 percent of her clients three times to one who saw 50 percent of her clients this often.

We discussed at some length the treatment of the psychotic child, and occasionally the psychotic adult. We agreed that though most often we essentially "managed" the psychoses of these clients and mobilized community resources for treatment, at times we were the direct providers of treatment. This treatment seemed to center on reducing external pressure through helping the client learn to cope with the world, and on reducing internal pressure

through correcting psychotic impressions of reality and providing tasks (often concrete) to reduce anxiety.

The "fit" of work with foster families into our scheme was considered within the framework of primary work being for the benefit of the growing child living with the foster parents (or other adults in the child's life). Foster parents and agency were seen as having an alliance — carrying a joint responsibility in raising a child. The unequal balance of power was noted as a major block to this "team" approach. It was also noted that the foster parent may be willing to surrender the "power" of independent parenting because he uses the child as an indirect route to the help the agency can provide for his own problems.

Ken suggested that the services of foster care are (1) legal service (which provides the power base); (2) a monitoring role through which the agency maintains the knowledge needed to make decisions; and (3) the supplementing of parental services through (a) "parent enabling" (described above), (b) periodic direct counseling following the task model when the need arises, and (c) additional input into the child's life in the form of ancillary, supportive services.

The core of our meeting was discussion of the concept of relationship. It seemed to us that we were distinguishing between treatment modalities for the client who could engage quickly in a relationship and the client whose core problem was inability to form a relationship. For the latter client the corrective relationship experience was the key to successful treatment, and little success in problem solving was to be expected until a relationship had formed.

We developed some indices of knowing when a relationship had formed. The client "tells" the worker by thinking about him between appointments, calling in a crisis, applying the worker's advice, etc. The client also demonstrates capacity to be part of a give-and-take exchange with the worker; he is engaged, maybe with some intensity, in the work. What the worker says or does has obvious impact on the client, and he is sensitive and responsive to the worker as a person.

Our final task of the day was putting together the model outlined below. We put it together with the note that any category of client (such as foster parents) might "fit" into any part of the model, depending on individual needs, and that the treatment received was dependent on a mix of the needs of the client and the current pressures on the agency and worker.

We plan to reconvene in October, after vacations, for two or three sessions to "fit" the model to the work of the Child and Family Development Center. We hope to include those working downstairs in these discussions. We would then like to present the model to the whole professional staff for discussion.

* * *

## MODEL II

### A DEFINITION OF CASEWORK AT CHICAGO CHILD CARE SOCIETY

I. Task-centered casework

This method of casework was developed at length in the original description of casework at CCCS. Due primarily to client needs and to some extent to demands on treatment staff, it is probably the method used with the majority of our clients.

For the client who readily engages in an appropriate relationship with the worker, task-centered casework is the method of choice. Its hallmarks are the determination by the client of the problem and, with the caseworker, the decision as to what to do about it. The client works on the task necessary to solve the problem and determines when no further help is needed. One or a series of problems may be the subject of work. The goal is resolution of the problem(s) on which the client wishes to work.

The task-centered approach is also used with some clients whose central problem is ability to relate but who can derive some benefit from this approach.

II. Long-term supportive casework

This method was also outlined in the original description of CCCS work. Supportive help, without any real intent to solve underlying problems, is given to some clients because with this help they function better in the care of dependent children. The caseworker may "work around" the illness, may mobilize other family and/or community resources to support the client. There may be episodes of task-centered work on specific problems. It is possible that some foster parents use foster care as an indirect route to attain this supportive help.

III. Long-term treatment in which the relationship of trust with the caseworker is the crucial factor

A few clients have such difficulty in forming relationships, or relate to others in such a distorted way, that they have multiple problems in functioning. Help in solving problems is ineffective until the client has learned to relate constructively. These clients demand long-term commitment from the agency. The corrective experience in the relationship with the worker is the "core" of their treatment. "Success" is measured through improved client functioning in all areas of living.

Several types of treatment patterns in this category have been examined. Though these seemed to describe the work with all the known cases, there may well be other treatment patterns. These types of treatment are outlined below; they are examined in greater detail in the minutes of the Model Committee meetings.

A. *The psychotic client.* The aim is to reduce internal stress through correcting impressions of reality and relieving anxiety, and to reduce external stress through helping the client manage his environment. Though this is the pattern of work through the case, little success is attained until the client engages in a relationship with the worker.

B. *The ego-symbiotic client.* Casework in these cases begins with a struggle between the worker and the ego-dominant parent figure. When the ego-dominant partner is excluded and the client engaged in a relationship with the worker, focus moves to a long series of tasks of increasing difficulty through which the client's capacity for independent ego functioning is developed.

C. *The character disordered client.* Relationship between worker and client is built in these cases through work on a series of tasks aimed at resolving the perpetual crises of the client. After the client is engaged in a relationship, treatment moves to helping the client face his depression and recognize the dynamics of his behavior. Environmental manipulation, to minimize projection, may be part of this treatment.

* * *

**Replication of the Earlier Study of Case Characteristics**

In 1974 a replication of the January 1972 intake study was carried out, partly to meet caseworkers' requests and partly to learn more about current client population for the study proposed with the Family Institute of Chicago. The findings showed some increase in the number of times clients were seen, and some minor shifts in the types of clients coming to the agency. In general, as the results were not very different from those of two years earlier, the study drew little attention. Workers were now more comfortable with giving brief service, and neither they nor the research staff found any surprises in the replication.

## CASE CHARACTERISTICS OF THE COUNSELING SERVICE — 1974

In response to two questions which had arisen at Chicago Child Care Society, a study was conducted of the cases which came to the agency between mid-November 1973 and the end of February 1974. Staff members wanted to know (1) whether the nature of the cases served, and the method of helping, had changed since a similar study in 1972. And (2) considerable detail about the way caseworkers currently worked with clients, as well as knowledge about client numbers and characteristics, was sought to help plan a study of family therapy.

The methods of data collection were fairly simple. Twenty-nine clients from twenty-five families were asked at intake (the interview following a telephone or, occasionally, in-person screening) to complete a questionnaire containing some demographic information about themselves and a statement of their problems. Material concerning the worker's perception of the situation was taken from the dictated intake interview. Finally, workers were interviewed by a research team member after case closing or, if a case was still open, after May 1, 1974. This interview provided information on the worker's description of the progress of treatment and assessment of outcome.

### Reason for Referral

Of twenty-five families, sixteen were referred for adoption service or adoption in combination with some other service, e.g. counseling, foster care, etc. One client was self-referred for foster care for her child in combination with counseling. Clients from seven of the remaining eight families were referred for counseling services only. The remaining couple was referred by a private attorney for assistance in obtaining a hardship discharge for the husband from the army. Clients were referred by a wide variety of agencies and individuals.

### Clients' Initial Requests and/or Statements of Problems

Clients were asked prior to the intake interview to make a brief statement of their problems and requests of CCCS. Some of these formulations, and the workers', are presented below. When reading statements by workers, and comparing them to client statements, it is important to remember that workers made their comments after the intake interview. Thus they reflect content of the interview.

In general, descriptions of problems by client and worker were not congruent, as is reflected in the following examples.

**Table 1. Problem Descriptions by Client and Worker**

| Client Problem Definition | Worker Problem Definition |
|---|---|
| I would like to know why are people so misunderstanding. | Practical help — finding medical, hospital, and school plans; planning for due baby; possible family communication problems especially around child rearing. |
| Adoption — can't take proper care of baby. | Relationship problems with males; adoption |
| Client: I would like to get a job so I can support myself.<br>Client's mother: Get pregnant daughter in a home and some place for schooling. | Help to attain abortion; depression in mother; acting out in daughter. |
| Placement of child. | Issues of impulse control and dependency. |
| Husband: Trying for a hardship discharge from army, reason being both financial, and the fact that wife is unable to control our children without my help in being in the household.<br>Wife: . . . My problem lies with the income from the government and housing facilities . . . | Abuse — neglect of children; counseling. |
| Having trouble coping with problems and not being able to say no. | Wonders if she is losing her mind — doesn't have control over way life is going; low feeling of self worth — feeling of depreciation. |

Caseworker and client seemed to define the problem the same way in five of twenty-five cases; in an additional two cases there was agreement on one aspect of a complex problem. Three clients did not report having a problem.

### Demographic Characteristics

Of twenty-nine clients, 19 were black, and the rest were white. Seven clients were married. Of the remaining 22 clients, 19 were single, 2 were divorced, and 1 was separated. Clients ranged in age from 14 to 34. Seventy-two percent of the clients were below 23 years of age. Client age varied somewhat with the kind of service requested. The average age of clients requesting adoption was 18.75. Clients requesting counseling were a somewhat older group with an average age of 23. It is interesting to note that the youngest three clients requesting counseling (aged 16, 18, and 19) were also pregnant.

Income level was low. Fourteen clients were receiving public assistance; an additional 3 earned under $5,000 per year. Six clients earned over $10,000 per year; income was unknown in 3 instances. Occupations were varied.

The 13 clients requesting counseling came from eight households. The 7 married clients (4 households) fall within this group. Two clients referred for

counseling were sisters living with parents and six minor siblings. One married client lived with her husband and in-laws. All other households contained two or three children.

Of 16 clients seeking adoption, 10 were of legal age (18 or over) and 6 were minors. Seven of the adult clients were requesting adoption for unborn children. The other 3 had infants. Five minor clients requested adoption for unborn children, and 1 had delivered 2 days before intake. All clients requesting adoption were single. Only 3 households were headed by men. In 2 cases the man was the client's father and in the other, the man was her brother-in-law.

**Intake Interview Participants**

In cases where minor clients were seeking adoption services from CCCS, only 1 client, aged 17, was unaccompanied. Two clients came with their mothers and another came with both parents. One client, aged 14, did not attend intake, but was represented by her mother. Another client, aged 15, was accompanied by her mother and "godmother" with whom she lived.

All adult clients seeking adoption came to intake unaccompanied, except for one who brought an 11 month old child for whom she was seeking adoption.

Two of the married couples seeking counseling came to intake together. In the case of the third couple, the wife came to intake with her older sister and a girlfriend, all of whom attended the interview. Husband and wife were seen together in subsequent interviews. Other counseling clients were seen alone.

All adult adoption clients (10) sought placement of their children. In all cases but one, this service was offered in conjunction with counseling in areas seen by the worker as necessary and appropriate. In the exceptional case, adoption was the only service offered as CCCS was working cooperatively counseling at intake. However, as the husband declined to become involved, individual casework with the wife was the modality used.

All minor adoption clients (6) requested adoption from CCCS; in addition, one client mentioned abortion as an alternative. CCCS offered help in pursuing this option. The modality was casework by telephone. In other cases CCCS offered assistance with adoption. In two cases counseling was also offered. Two clients were seen individually and the other three were seen with other family members.

Counseling around a variety of problems was the service requested of CCCS by 13 clients. In three cases, counseling was offered using individual casework as the modality. Two other clients, sisters, were to be seen together; the worker called this "family segment" casework. In another case the service offered was referral to a mental health clinic near the client's home.

Foster care and counseling were services requested by one client. CCCS

offered counseling to the whole family (mother and two children) by co-therapists.

One married couple asked for specific help around concrete problems; short-term marital counseling was offered by CCCS. Marital counseling was also the modality used with another couple requesting counseling around a variety of interpersonal and family problems. The third couple was offered joint counseling at intake. However, as the husband declined to become involved, individual casework with the wife was the modality used.

### Disposition

*Intake interview only.* All clients applying to CCCS within the time limits of this study were accepted for service with one exception. A client requesting counseling was referred to a mental health clinic closer to her home. The sisters requesting counseling established contact with a social service agency of their religious affiliation and withdrew after intake. One minor adoption client delivered her baby prematurely, shortly after intake. When the baby died, the family declined further involvement.

It is important to point out that some clients making inquiries by telephone about service from CCCS were not offered, or did not keep, an intake appointment. Such individuals are not included among the subjects of this study.

### Contract for Service

The remaining twenty-three clients entered into a treatment contract with CCCS. Contracts and subsequent contacts between worker and client are presented in Table 2. The table is grouped according to nature of service request. The treatment goal and content of the service were abstracted from the case record by a member of the research staff, who then talked with the worker to clarify and/or amplify the material. Thus the material on goals is biased by some retrospective content. The worker evaluated outcome (in the interview with the research staff) by evaluating problem resolution according to the following scale: (1) Considerably alleviated, (2) somewhat alleviated, (3) unchanged, (4) aggravated. Workers may have interpreted these scale points rather idiosyncratically, but the assessment is at least the direct judgment of the worker, unscreened by recording and/or research judgments. Contacts are recorded after intake through April 30, 1974.

## Table 2. Client Contact Data

**Treatment of Counseling Clients (7)**

| Worker's Treatment Goals | Major Content of Work | No. Contacts After Intake and Location Through 4-74 | Who Attended | Worker Evaluation of Outcome |
|---|---|---|---|---|
| Establish relationship; practical, i.e. public aid; relationships — men and mother; self worth | Relationships; welfare aid | 13 in office | Client | Considerably alleviated |
| Help her give up baby voluntarily; stabilize chaotic life | Confronting with child abuse; living situation; collaborating with Children's Memorial Hospital and IDCFS | 16 in office | Client | Aggravated |
| Independent functioning; help stabilize family situation | Concrete help; letter to army | 2 in office | Husband and wife | Unchanged |
| Prevent further abuse — neglect of children; stabilize family; place children | Conflict between husband and wife re placement; money problems; possible current pregnancy | 8 in office | Whole family — husband, wife, two children | Somewhat alleviated |
| Establish clear diagnostic evaluation via consultation; provide supportive service until clearer recommendation | Discussion of fantasies and feelings of client esp. re husband and due baby; relationships with husband and "older man" | 2 phone calls<br>5 home visits<br>2 Board of Health contacts | Client (husband present at first home visit) | Unchanged |
| Help client feel better about self and adopted child | Everyday situations between client and child and feelings toward him; feelings re own past and relationship with mother in present; feelings re counseling and worker; expectations of self — perfectionistic; trying to loosen up a little | 10 in office | Wife (husband at intake and first interview) | Somewhat alleviated |
| Help family talk to each other; help client go through motions of helping children feel loved | Helped realize destructive communication and ambivalence about children | 9 in office | Two children and mother | Somewhat alleviated |

**Treatment of Minor Adoption Clients (6)**

| Worker's Treatment Goals | Major Content of Work | No. Contacts After Intake and Location Through 4-74 | Who Attended | Worker Evaluation of Outcome |
|---|---|---|---|---|
| Plans for baby | Plans before birth | 1 in hospital<br>2 phone calls | Client | Unchanged |
| Adoption and resource help | No further contact after intake | | | Unchanged |
| Abortion referral | Referral for abortion | 2 phone calls | Client and mother | Considerably alleviated |
| Adoption; help family deal with possibility of mother's death from cancer; conflictual family relationships; deal with significant losses | Losses; conflict; adoption | 6 in office<br>2 phone calls | 3-Whole family except client and father<br>1 - Whole family<br>2 - Whole family except sister | Considerably alleviated |
| Clarify service client wishes; assist in plan for baby; get at feelings around problematic issues in placement planning | Relationship — client/worker; beginning clarification of service request | 3 in office<br>4 phone calls<br><br>1 home visit | 3 - Client<br>3 - Client<br>1 - Mother<br>Client and mother | Unchanged |
| Work through feelings re baby's father and baby, and ambivalence re adoption | Same as stated in goals | 3 in office<br>1 home visit | Client | Somewhat alleviated |

**Treatment of Adult Adoption Clients (10)**

| Worker's Treatment Goals | Major Content of Work | No. Contacts After Intake and Location Through 4-74 | Who Attended | Worker Evaluation of Outcome |
|---|---|---|---|---|
| Plans for baby—ambivalence; establish relationship | Isolation; relationship with family; school plans; feelings re pregnancy | 8 in office | Client | Unchanged |
| Relationship with women; general mistrust; adoptive placement | Relationship with women; plans for baby; referral to Public Aid | 9 in office<br>1 in hospital | Client | Somewhat alleviated |
| Placement of baby | Plans for baby | 3 in office<br>1 phone call | Client | Unchanged |
| Plans for baby | Plans for baby | 2 in office | Client | Unchanged |
| Plans for baby — help client admit and deal with ambivalence; independent living and schooling | Identify indications of ambivalence re baby; job situation with regard to jail record | 7 in office | Client | Somewhat alleviated |
| Placement | Placement | 1 in office<br>Numerous phone calls | Client | Considerably alleviated |
| Plan for baby | Plan for baby | 6 phone calls<br>1 in office | Client | Somewhat alleviated |
| Placement | Placement | 1 at client's residential school | Client | N/A — co-op case with school |
| Working through ambivalence re-adoption; father's feelings — wanted adoption, very detached | Same as stated in treatment goals | 3 in office<br>1 in hospital<br>1 in adoption court | 2 - Client<br>3 - Client and baby's father | Considerably alleviated |
| Support client in adoption decision; counseling re impulsivity in taking back baby; relate differently to men | Decision re taking back baby; client's mother's death | 2 home visits<br>4 in office<br>3 phone calls | Client | Somewhat alleviated |

Contacts with all but one of the counseling clients took place in CCCS worker offices. The exceptional client, who was pregnant, was seen mainly at home. The one client requesting foster care became in effect a counseling client and was also seen at the agency. Clients receiving counseling have averaged slightly more than nine contacts each following intake. A number of these cases remain open.

Contacts with six minor adoption clients were fewer. In one case no contacts followed intake, and in another there were only two contacts by telephone. With the others, a number of significant contacts were by phone. One was seen only in the hospital following intake. The number of personal contacts with four minor adoption clients ranged from one to six.

Adult adoption clients were also seen mainly in CCCS offices. A number of contacts were also made by telephone for several clients in this group. In addition, some clients were seen at home and some in the hospital. Combining minor and adult adoption groups, in-person contacts averaged four per client. Eighty-five percent of the total number of in-person interviews with adoption clients took place in CCCS offices.

**Outcome**

Of the six minor adoption clients, two kept their babies and two placed their babies in foster homes. One baby died following premature birth, and another was due after May 1, the cut-off date for purposes of this study. The mother was leaning toward adoption, but the matter had not been completely resolved.

Two of the ten adult adoption clients took their babies home from the hospital. Two other babies were returned to their mothers following temporary placements in foster homes. Three babies were adopted, one by the client's mother. Two babies died shortly after birth. One baby was due after May 1, the cut-off date of this study.

Of thirteen clients requesting counseling, four individuals and one couple continue to be seen. One couple withdrew from contact, and three clients were subsequently seen by other agencies. One of these was referred by CCCS; the other two contacted another agency themselves. The husband of one client being seen declined to be involved.

The client requesting foster care kept her children and has continued to be seen with them in counseling.

**Summary and Conclusions**

In order to answer some specific questions about our current caseload at CCCS — questions posed by the counseling department and by planning for the proposed study with the Family Institute — this study was undertaken. The answers to some of these questions are drawn together in this section.

In planning a study, the fact that it took 3 months to gather a sample of 25 families (or 23 who continued with CCCS) needs to be considered. The sample was limited to those who came to the office for an intake interview, and would of course be increased (perhaps doubled) if intakes done in the field were included. In addition, only clients of the counseling service were included in this study.

In demographic characteristics these clients appear much like those surveyed two years ago. Apparently we still have a client group varied in age, schooling, occupation, and economic situation. Fifty percent receive public aid.

The study shows that requests for adoption were still prominent, accounting for about 65 percent of the client requests (classifications are those of the worker completing the intake card). However, few infants are released. Of the 14 babies born by May 1, 1974, to mothers who originally wished to consider adoption, only 2 were adopted by non-relatives.

Of the 6 families requesting counseling for other reasons who continued to work with CCCS, 2 cases involved abuse of children. Numbers are too small to make projections, but the agency caseload may be beginning to reflect a higher proportion of these difficult cases.

There was a consideration of the type of service given, particularly as it reflected increasing interest in seeing whole families. Apparently no complete families were seen at intake. In only 3 of these 23 cases (13 percent) was the whole family seen; in 15 (65 percent) only one individual was seen. In the remainder of the cases a mix of putative fathers, mothers, etc. were seen for some or all interviews. The most common place for interviews was the office. While the range in number of interviews after intake (from 9 to 16) was so great that an average is not particularly meaningful, the average of 5.4 interviews is higher than in preceding studies. The juxtaposition of worker and client definition of problem provides some interesting material. The discrepant nature is not unlike that found in other studies of casework.

Case outcome was judged fairly positively by caseworkers. In only one case (an abuse case) did the worker see aggravation of the problem; in 8 (about one-third) there was no change. (In these 8 cases the average number of interviews was lower — 3 to 4.) Thus workers thought their contacts with the client helpful in about two-thirds of their cases. Unfortunately it was not possible to carry out our plan to obtain the client's evaluation of the service for this group.

These are only a few of the findings reported in the study. While the summary may draw together the answers to some of the earlier questions, many of the facts in the body of the report may generate new discussion and new questions.

* * *

### Joint Project with the Family Institute

The impetus for the joint project with the Family Institute of Chicago came from that agency. Evangelistic about their treatment technique, they wished to demonstrate its effectiveness. The project caught the interest of workers at CCCS, at that time invested in mastering family therapy techniques and divided in opinion about effectiveness. It must be admitted that research came in by the back door in this project. The basic interest of the administration of both agencies, at least originally, was in funds for training workers in family therapy. As funding agencies demand evaluation of programs which they finance, the inclusion of research became a way to increase the attractiveness of a grant request.

This is not the best way for a research project to begin. The careful work necessary to define concepts so they can be measured, and to set up a study design, of course delays the start of the project. There was real impatience with this delay, and eventually interest waned as other areas of practice became important to workers. It became apparent that most of the time of research and counseling staff would be invested in a project in which interest was minimal. When it was not immediately funded, it was dropped, but with reluctance, for two years of effort had gone into preparation of the proposal. Those involved, however, had learned the wisdom of abandoning a project that did not have staff support.

### Study of Client Expectations of Service

In 1972 a master's student from the School of Social Service Administration, University of Chicago, designed and carried out a study of client expectations of counseling service under the supervision of the research director. Accustomed to participating in the education of professionals, agency staff had no difficulty in helping make this opportunity available. A major benefit of the study was the demonstration of the feasibiliy of asking client opinions.

## INITIAL CLIENT EXPECTATIONS AND CONGRUENCE IN THE CASEWORK RELATIONSHIP

There is evidence in the literature of social work which suggests discrepancies in the expectations of social workers and clients as to what will occur between them in the therapeutic relationship and in the concrete delivery of services. These discrepancies, it would seem, must somehow be resolved in order to reach the goal of improved social functioning. This is a pilot study, pretesting an instrument with which it should be possible to examine the nature of client expectations and the degree of mutuality of expectations between client and social worker, initially before the first contact and subsequently after both have had time to work toward congruence.

The hypotheses of the pilot study were:

1. Initial expectations closer to the professional norm will be associated with congruence in the relationship, which will be associated with successful outcome.
   a. There is a direct relationship between the degree of worker-client discrepancy in initial expectations, measured at intake, and the degree of congruence achieved, measured by client assessment of the ongoing casework relationship.
   b. Expectations close to the professional norm at the time the client is last available for testing will be associated with successful outcome.
2. Expectations in the affective area will be stronger predictors of congruence and subsequent successful outcome than expectations in other areas.

A paper and pencil test to explore client expectations was developed for this study. The worker-client relationship can be conceived of as consisting of an affective component (empathy, non-possessive warmth, and genuineness on the part of the worker, and client willingness to invest in and trust the worker) and a cognitive component (the worker's listening, clarifying, understanding, and applying knowledge, and the client's explaining and clarifying). These affective and cognitive components function as worker and client work on a problem within the policies and resources of a specific agency. Client expectations were thus explored with regard to 1) affective expectations (14 items), 2) cognitive expectations (15 items), 3) expectations about specific work on the problem (4 items), and 4) expectations about agency functioning (8 items). Much time was spent in the development of this instrument, and the reliability of item classifications is high.

The instrument was given to workers in the counseling staff at CCCS in order to verify the expected professional expectations, and discrepant items were discussed in follow-up interviews. Discussion clarified most ambiguous items, with the exception of one item on giving suggestions and advice, which all workers said they did. Discussion revealed that some workers interpreted this item to mean exploration and clarification of the problem, while others said they gave direct advice on concrete matters and deeper personal issues. Thus, there seemed to be disagreement in the profession regarding use of advice, an area that probably needs more careful definition and exploration.

Seventeen women, all who came in to the CCCS office asking for help in planning for unborn children in the eight weeks between February 14 and April 7, 1972, completed the questionnaire before seeing the intake worker. Six completed it again after two interviews with the counseling worker. The women appeared to be quite like the usual client population of CCCS in demographic characteristics; the only unusual fact was that eleven had had prior pregnancies.

Prior to the intake interview, clients demonstrated wide variability in expectations. The range of scores in affective expectations was smallest; in other areas there was wide variability. When descriptive characteristics of clients were studied in order to determine whether there were any predictors, it was found that low scorers tended to come from broken homes, to have had prior experience with social agencies (usually public welfare), and to have arrived at the agency with a decision already made to either keep or release the coming baby. The implication of the last finding seems to be that women who seek help in implementing a decision already made do not expect the exploring, clarifying, affectively meaningful relationship defined by the social worker, while those who seek help making a decision, or have not yet reached the point of planning for the baby, do expect such a relationship. Two items on the questionnaire were almost universally answered by clients in the way opposite to that expected: all but 2 clients thought the worker should see only themselves, contacting no family members, and all but 4 thought the worker would give them definite rules to follow. The former expectations may need clarification as the agency moves increasingly toward family counseling; the latter is particularly interesting when worker ambiguity about advice-giving is considered.

As data collection had to be concluded before most cases were closed, limited data on outcome are available. Under the assumption that withdrawal from service constituted unfavorable case outcome, initial expectations of the three drop outs in the sample were considered. Contrary to prediction, scores tended to cluster about the median, with scores in the affective area perhaps being a bit lower. Numbers were too small for further analysis.

Of the 14 clients who continued to receive social work service, only 6

completed the questionnaire a second time. Two terminated contact at CCCS and began work with another agency and were not seen at CCCS after the intake interview. Six had not been seen for two interviews subsequent to intake when it was necessary to terminate data collection, two because they were assigned to a new worker who did not begin until April, the remainder due to failure to keep infrequently set appointments. The descriptive data reveal nothing to distinguish the 6 who were immediately involved in counseling from the others.

Scores for the 6 who were retested after a second counseling interview reflect change in expectations in the direction of the social workers' description of service. There is a general narrowing of the range of responses. The movement to rather close congruence with social work norms is particularly marked in cognitive expectations. There is some hint that affective expectations may be somewhat more stable. More concrete items on work on problem and agency services have more variation, probably reflecting individual worker styles; these individual styles would need closer analysis in a more definitive study. Overall, however, it appears that variations in initial expectations may be irrelevant to the achievement of congruence in the relationship — that in the relationship itself these differences are somehow resolved and mutually achieved.

Client responses to the questionnaire after two counseling interviews showed that most remaining misunderstandings of service concerned agency practices. Four or more (of the six) thought the social worker would not contact family members, would not visit in the hospital, would be seen only at the agency, and would help financially. There were no items in the affective area missed by more than one respondent. The most frequent misconception in the cognitive area (3 clients) was that workers would not ask personal questions about the past. Of these 6 clients most had originally expected the worker to give definite rules to follow; only 2 experienced this in early interviews.

Thus, findings of this pilot study indicate tnat rather extensive initial differences in expectations of the casework relationship have minimal effect on worker-client withdrawal. Initial affective expectations may be less modifiable than other expectations; the evidence is not clear. The most persistent misconception about agency service is client anticipation that other family members will not be seen. Client definition of problem and prior experience with social agencies, predictors of initial expectations, do not affect later congruence.

These findings suggest that one of the skills of caseworkers at CCCS is the ability to communicate and come to some early agreement with clients as to the emotional content of the relationship and general method of working together. They may indicate variation in practice among caseworkers in specific aspects of giving service, though "norms" are generally agreed upon,

or may indicate that experience, rather than discussion, is the manner in which client expectations are modified. The findings are certainly optimistic in pointing toward ability to develop a working relationship with a client, whatever the original ideas of social work, within relatively few interviews.

These findings contradict the importance given the issue of initial expectations in the literature, and suggest the necessity for further investigation. Limitations of this study are obvious, the most striking being small sample size, questions about completeness and/or reliability of some data, and uncontrolled variables in the design. These questions pose limitations on results and would require modifications in administration of another study. However, these problems do not reflect on the integrity of the questionnaire itself. Though some issues should be explored further, the general reliability and validity of the instrument are demonstrated. Its use in further investigation of expectations, relationship-building, and case outcome should be worthwhile.

* * *

**Client Opinions of Fee-charging**

In 1973 the staff of CCCS was considering whether or not the agency should charge a fee for counseling service. Caseworkers were asked to give their opinion, and it soon became evident that opinion was sharply divided. Workers were concerned about how clients would react, and a search of the literature revealed no information. The workers suggested a study to discover what our clients thought. A casework committee worked with the research staff in developing a questionnaire to give to clients. There was much enthusiasm and curiosity about results. Everyone expected his own opinion to be verified by the clients!

In the course of this planning, an unusually clear example of differing perspectives emerged. The decision had to be made as to whether clients taking the questionnaire might at some later time be charged a fee. Researchers and practitioners had distinct preferences. In order to obtain statements as unbiased and free as possible, the research group wished to promise that clients taking the questionnaire would never be charged a fee. The caseworkers deplored distorting reality and thought introduction of a fee might be a useful way in which to help a client practice the flexibility needed in adjusting to reality.

The decision was made to follow the course desired by the research staff. "If we are going to do research, let's do it right" was the administrative statement. The decision is illustrative of the strong administrative support for research at CCCS — support that is essential in carrying out a research program.

Despite differing opinions, there was open acceptance and discussion of the data of the study. Apparently the inquiry provided data important to policy makers, as the memo issued announcing the decision illustrates.

To: Chicago Child Care Society Staff
From: Marion P. Obenhaus, Executive Director
Re: **Fee Policies**

In 1973 the Research Department of Chicago Child Care Society completed an inquiry into client opinion related to charging a fee for service in the Family and Individual Counseling Program. This program has been departmentalized since 1970. It evolved from the unmarried parents' service and became a natural extension of help to other family members who were experiencing difficulties. Its program has broadened as its referral system has extended to include self-referred families from the surrounding community; families and individuals referred from hospitals, schools, a Board of Health station, the Lorraine Hansberry Parent-Child Center, etc.

Expressions from staff working within the department have indicated that some clients would use the counseling more effectively if fees were charged.

The rationale set forth was that 1) clients would value it more; 2) clients would invest themselves more readily in the process; 3) fees would tend to put time to a more realistic and effective use; 4) some clients would feel better about contributing for a service they choose to use.

The study of 70 clients was accompanied by an inquiry of 24 staff members as to how they perceived the clients' reactions.

Seventy-seven percent (77.2%) of the clients were willing to pay a fee. Twenty-two percent (22.8%) indicated that they would not have come to a fee-charging agency. Overall 51% of those interviewed stated that they could pay less than $5.00 per week.

Since the report was issued late last year, interest among staff members has continued to be expressed. This could be expected inasmuch as our referral sources include a greater range of persons. Some social workers have stated that a few of their clients would appreciate being allowed to pay.

It is therefore proposed that beginning in September 1974, when new staff will be present and intake usually increases after the summer, that the following procedures for assessing and collecting fees be instituted, and the staff be expected to adhere to the points set forth.

* * *

## CLIENT AND WORKER OPINIONS ABOUT FEE-CHARGING IN A CHILD WELFARE AGENCY[1]

When a child welfare agency begins to consider charging fees for counseling services, it becomes aware that the issues involved are complex. Three questions seem central: 1) What are the benefits of fee-charging in the transactions between client and caseworker; 2) what are the attitudes of workers toward fee-charging; and 3) how will clients respond? The study reported here was undertaken to provide some answers.

The benefits of charging fees for social work services have been fairly extensively explored. In the late 1940s and early 1950s there appeared many articles placing counseling as one of the range of services for which people in our society pay. Clients were thought to bring increased investment to and appreciation of services for which they paid. Additionally, the manner in which the fee was handled by the client was thought to have diagnostic meaning and to be useful in treatment.

> What the patient does with fees can be tangible evidence of his attitudes, resistances and acting out, and that exploration of behavior can be utilized for effective interpretations in terms meaningful to the patient.
> (Koren, 1953, p. 350)

These ideas found support among social workers. Agencies reported to the Family Service Association of America that their experiences with fee-charging confirmed expectations of therapeutic value to the client (Hofstein, 1955), and a survey of 190 members of the Philadelphia Chapter of the American Association of Social Work revealed that almost 75% were strongly in favor of charging fees, chiefly because of the perceived therapeutic value of fees (Jacobs, 1952), and uncomfortable though it may be for the traditional "giver" of services, payment for counseling service has increasingly been viewed as an appropriate source of revenue for hard-pressed agencies.

It must be noted that the therapeutic effect of fees has not been demonstrated in controlled studies; rather, it has been founded on reports of clinical experience and backed by theoretical reasoning. There have been few studies. Two studies in family agencies revealed that a higher proportion of fee-paying clients continued beyond the first interview, were assigned to continuing service, and continued for four or more interviews. (Moss, 1962) Goodman, commenting on his findings, noted that "ability to pay the fee is symptomatic of qualities in the group that constitute a capacity to become involved in casework process." (Goodman, 1960, p. 50) A third study found no relationship between paying fees and keeping initial appointments, investing in service, or keeping a larger number of appointments. (Adams, 1968) Cer-

1. Reprinted with permission of the Child Welfare League of America, Inc., from *Child Welfare*, Vol. LIV, No. 5 (May, 1975), 331-40.

tainly the therapeutic value of fee-charging has not been so convincingly demonstrated that it is viewed as a necessary tool of casework.

Concern remains about the client not sufficiently motivated to pay a fee, even the nominal fee at the bottom of a sliding scale. This concern is particularly acute in a child welfare agency, where the child in whose behalf service is being given does not, of course, pay himself; the idea of a fee is not compatible with the attempt to reach out and remain in contact with a family whose children are in jeopardy.

The issue of charging a fee was recently raised at Chicago Child Care Society, a private agency that offers a variety of child welfare services — foster care, adoption, day care, and counseling services to families in which a child or a pregnancy presents a problem. An extensive attempt to reach inner-city families through programs at Board of Health stations and hospitals has led to rapid development of a counseling service in which the problems presented are not unlike those at family agencies, where counseling fees are charged.

As caseworkers discussed the advisability of fee-charging at our agency, there was a diversity of opinion. There was agreement that the opinion of clients was important, but no one knew what this opinion was. A search of the literature yielded little information. The caseworkers suggested that the research department undertake a survey of client opinion.

**Method of Study**

Workers wanted to know what clients coming to the agency for the first time thought about counseling fees, and what clients who had experienced agency service thought. They also wanted to explore possible differing opinions among family members. To accomplish this, over a 3-month period all clients first coming to the agency and all who had had three or more interviews with a caseworker were asked to complete a questionnaire. They were asked for information relevant to financial position and financial stress, why they came to the agency, and their use of other community services. In a final section, respondents indicated whether they thought they could pay a fee (and how large) and gave their ideas about who pays for services and why agencies charge fees.

All clients completing the questionnaire were assured that whatever the decision about fees, they themselves would not be charged. This assurance may have biased the responses by divorcing them somewhat from reality, but it should also have freed the respondents from the impulse to protect their own pocketbooks.

To increase understanding of our own attitudes about fee-charging, research workers also interviewed all agency casework and supervisory staff. The interview followed an outline similar to that of the client questionnaire. Twenty staff members were interviewed. Their responses are chiefly of interest as they contrast to client responses.

**The Sample**

*The clients surveyed.* Seventy clients (representing 53 families) completed the questionnaire. Thirty completed it when they first came to the agency, before seeing the intake worker. Thirty-two who had had three or more interviews in the agency, and thus were presumed to know the nature of counseling service, completed the questionnaire. Because the agency is involved in outreach work at Board of Health stations and hospital clinics, there was a third group of eight clients who had three or more interviews but had never been at the agency, so that as an institution it probably had little meaning for them.

The questionnaire also was given to all family members over 14 who were present. It was realized, however, that heads of the household — persons responsible for paying the fees — might have different opinions than other family members. Criteria for establishing the head of the household were: 1) The responsible adult; if more than one, then 2) the adult caring for the child; if more than one, then 3) the family member who apparently initiated counseling activity. Among those completing the questionnaire were 10 children or young adults living at home, five wives, and two husbands who did not seem to be the head of the household in which the children resided. On some questions, the responses of these dependent persons were analyzed separately.

The clients who responded are probably fairly typical of those served by an urban child welfare agency. They ranged in age from 14 to over 50, with a median of 25. All of those first coming to the agency were women; seven men were among the respondents who had been seen three or more times. Seventy-six precent characterized themselves as in good health. There were 10 intact families represented (husband, wife and children living together), 23 single persons coming to the agency alone, 13 separated or divorced persons, and 7 who said they lived with a common-law spouse or in some form of communal setup. Only two persons (one married and one single) reported five or more children; most families reported one or two.

Incomes ranged from less than $50 a week to $400 a week. Seven families did not report income. Median income was $6,500 a year, and about 60% of the families fell below the poverty level of $6,400 for a family of four. Ten of the families seemed comfortable financially (for example, $209 a week to support two persons); at the other extreme, 25 families received their income from public funds. Unusual expenses, ranging from repayment of loans through child support (from a former marriage) to college expenses, were reported by eight clients. Occupations were varied.

Clients had learned of the agency from a variety of sources; only about 20% knew there was no fee when they first came. This percentage remained fairly constant whether the referral was from a medical resource (37 clients), another agency (12), a friend (13), or some other resource.

These clients came to the agency predominantly for service of the type given by agencies that charge fees. Only 37.7% of the families said they

sought help because of a problem pregnancy; three-fourths of these mentioned the possibility of adoption. Almost half (47%) of the families sought help with family relationships, with an emotionally disturbed child, or with learning how to care for children. Help with personal problems was wanted by six clients. Clients seen only outside the agency — the outreach cases — accounted for all requests for help in learning to care for children. Otherwise, problems reported by clients at intake were similar to those reported after three counseling sessions.

*The workers surveyed.* A brief interview was held with 15 caseworkers and five supervisors, all direct service workers at the agency during the week data were collected. Since most supervisors also do some work with clients, the opinions tapped were those of the staff who interact constantly with the clients. Questions asked of workers paralleled those asked of the clients. All agency programs were about equally represented by these workers.

As a group, the workers surveyed seemed professionally established and economically secure. The majority (16) had a master's degree in social work. Three had completed or were enrolled in post-master's degree programs. Four had B.A. degrees only; one of these was attending a school of social work at the time of the survey. Ages ranged from 24 to 64, with 11 workers under 35 and six workers over 50. Twelve were married and listed husband's earnings as a primary source of income; eight were single. Nine workers mentioned unusual expenses, the most common being school tuition or debts (five) and therapy (four). Workers used and paid for a variety of community services.

**Paying for Counseling**

Counseling services are, of course, paid for by someone. We attempted to discover client willingness to assume part of the cost, what way clients thought services were currently paid for, and the manner in which counseling services were viewed as part of a complex of services provided in the community. We also queried the caseworkers about the amount they thought clients might be able to contribute.

*The clients' ideas.* Asked who should pay a fee for counseling services at the agency, about half of the clients (48.6%) responded "everyone"; only four clients thought no one should pay. Responses were about the same for those at intake and those who had received counseling service, and separate analysis of the responses of heads of households revealed the same pattern.

However, when asked whether they would have come to the agency if they had known there was a fee, about one-quarter (22.8%) said they would not have come. Heads of households replied in the same way. It had been hypothesized that clients coming because of a problem pregnancy, with some thought of adoption, might be less willing to pay a fee. This did not prove to be the case. Eighty-five percent of these clients expressed willingness to pay, as against 70% of clients with other problems.

As to the amount of the fee, the modal number of clients said they could pay between $1 and $5 a session, but estimates ranged up to those of four family heads who said they could pay between $20 and $30. No head of household said he could not afford to pay at all. In contrast to the clients who were unwilling to pay a fee, 90% of whom said they could pay less than $5, over half of those willing to pay said they could pay more than $5. Overall, 51% of the clients said they could pay less than a $5 fee. Considering that about half were supported by public funds, and that only about 40% were judged to have enough income to maintain an adequate standard of living, the clients seemed generous, perhaps unrealistic, in their estimates of ability to pay.

Seven families in the sample had had three or more counseling interviews, but had never visited the office. Though six of these families were willing to pay a fee, this group gave the lowest estimate of the amount they could pay, six of the seven replying that they could afford less than $5. As their incomes and financial responsibilities do not differ from those of the rest of the sample, one speculates whether physical contact with the office has some relationship to willingness to pay for service.

The statements of 10 families that they could pay $10 or more a session did not seem completely realistic. Three were receiving public assistance. Of the rest, three families earned about $7,500 a year, one $10,000, and one $23,500. All were small families. Probably only the last of these families could afford such a fee for long-term service.

Clients had fairly realistic ideas about who currently pays for services. Of the 50 clients who ventured a guess, 34% said public funds; 28%, private charity (and agency investments), and 24%, a combination of the two.

*The workers' ideas.* Professional staff at the agency were almost evenly divided on whether a fee should be charged. Eight staff members thought a fee appropriate; two more agreed, with reservations. Seven were opposed to a fee, and two were opposed, with some indecision. One person could not make up his mind.

A few descriptive items were associated with worker opinion about fees. Most importantly, four of the five workers who identified their major responsibilities as being in counseling thought fees should be charged. Of the seven other workers who indicated they had some responsibilities in the counseling service, only three favored charging fees. Younger workers (under 35) tended to favor fees. And, not surprisingly, all four workers who were themselves paying for therapy were in favor of clients paying for counseling.

Professional staff underestimated the willingness of clients to pay. Whereas 75% of the clients questioned said they would have come to the agency had it charged a fee, professional staff guessed that 55% would come. They also underestimated the amount clients could pay — or were more realistic — guessing that 80% of the clients could pay less than $5.

**Reasons for a Fee**

*The clients' ideas.* Asked why they thought an agency would charge fees, the most common response by clients was that "the agency needs to meet expenses" (16 clients). Other common responses were that "a worthwhile service is worth paying for" (11 clients), and a double response, that "the agency needs to meet expenses" and "wants to give better service" (12 clients). Other responses were scattered, only three clients having other ideas. Thus, meeting expenses and giving service were the themes of client thinking.

Clients who had had three or more interviews in the agency, and thus knew both the agency and the service, were the most articulate in expressing other ideas. The main thrust was concern for the client who needed service and couldn't afford to pay. The most common suggestion was a fee based on ability to pay.

*The workers' ideas.* More than half of the staff answering the questionnaire thought the agency's reason for charging fees was that "a worthwhile service is worth paying for" (11 workers). Other responses were varied, and included meeting expenses (3), giving better service (3), and that "there is no reason not to pay for counseling service if you pay for other services" (3). Thus, 70% of the workers stressed aspects of service.

Professional staff were unanimous in thinking that any fee scale established should be based on ability to pay. Most workers thought that caseworker and client should set the fee together, and that helping the client assess realistically his ability to pay was part of the helping process. One innovative suggestion was that the agency set a flat rate fee and have a variety of ways the client could pay it — by money, by service or by some combination. For the most part caseworkers thought fees should be billed, and paid directly to the business office. When a fee became delinquent, however, the issue was thought to be part of the casework process.

The dominant concern for all the staff was that if a fee scale were established, clients not strongly motivated to receive help might drop out. As the agency has a number of cases in which workers extend their services and try to involve clients in seeking help for endangered children, this is a matter of concern. One suggestion was that a fee not be instituted until after the exploratory, educative period of services; thus the client would have some demonstration of what counseling service was before he was asked to pay. Workers who opposed fees tended to see basic conflict between aggressive extending of services and paying for services. They tended to think the unmotivated client group would be lost.

Some workers commented that the agency's service was basically to children, and that it had a responsibility to reach out into the community to seek families in need of help. Stating that the community the agency served was relatively poor, they questioned whether fees were that badly needed to help meet expenses. Several made the statement, "People have a right to free care."

Finally, three workers suggested that if fees were instituted, it should be for a trial period with formal client, worker and administrative evaluation expected.

**Summary and Conclusion**

These data suggest that clients view fees in a relatively uncomplicated way. The majority are under financial stress. They come to the agency with a variety of complex problems. Yet they see fees as a way in which the agency can meet expenses and about three-quarters of them express willingness to pay a fee. They make what seem generous estimates of the amount they could pay. The nature of the problem with which they need help is not associated with willingness to pay a fee, nor does familiarity with the agency and its counseling service effect willingness.

There is no way of assessing the validity of these data. Most schedules gave evidence that clients had attempted to answer questions thoughtfully and had simply skipped questions they could not handle. We can only assume that the meaning of questions was clear and that clients presented their real opinions; these may be big assumptions. And we do not know the relationship between stated willingness to pay and actual paying.

For staff, the issues were much more complex. They underestimated the willingness of clients to pay fees, and were fearful of being unable to serve a needy group of clients to whom they were attempting to extend services. They were also torn by philosophical dilemmas that cannot be resolved by available empirical evidence.

Any final decision about fee-charging is based on a mix of community pressures, financial pressures, and the "value" issues articulated by the staff. This study adds to these ingredients a knowledge of client willingness to pay, and the contrasting concern of caseworkers about the effect of a fee. The next, and crucial, step in exploring the issue of fees would seem to be further study of the effect of fees on the therapeutic transactions between caseworker and client. In the absence of empirical testing of some of the ideas articulated in the literature and by caseworkers, a decision about the advisability of fees for specified client groups is difficult.

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## 5. STUDIES IN DAY CARE

The Child and Family Development Center provides a rich day care experience for preschool children, 2½ to 6 years of age. It is designed to enhance individual development and to work simultaneously with parents to strengthen and support family and home environment. This program with its extended resources, including psychological and psychiatric consultation, combines the two disciplines of teaching and social work to serve the total family.

The research staff and agency executive director had for some time been interested in developing a research program in day care. When the day care program was restructured in the fall of 1973, the opportunity was ripe for the research department to begin working intensively with the new staff.[1]

The task of introducing a research program began with the location of one member of the research staff in the Center. This worker undertook casework with several Center families in order to understand better the program and its complexities. The association also enhanced relationships with the teachers and social workers who could more easily identify with the casework role of the researcher. The Center staff was aware that the research worker was interested in learning the mechanics and problems of the program. Participation in the day care service yielded direct experience in and information about practice issues of concern to the staff.

1. Two minor studies had been conducted previously. In 1969-70 a small follow-up study was attempted by field work students, and in 1971 group work with parents was evaluated. There was, however, no continuing research program during this time.

**Racial and Sexual Attitudes of Children in the Day Care Program**

In January of 1974 a small study was introduced on the development of racial and sexual attitudes of children enrolled in the Center. This study had a dual purpose: it was intended as a pretest of some instruments which were part of the larger longitudinal adoption study being conducted in the agency, and it seemed to be a rather benign way to acquaint staff with the research process. In preparation for the study a series of meetings was held with staff to discuss design and methodology of the study. Staff participated in planning the implementation of the study considering implications for both children and parents. They became interested in evaluating some of the complexities and limitations of measurement and in interpretating the findings. While the results of the study bore limited direct suggestions for practice, the study did demonstrate the research process and the importance of staff involvement in conducting research.

## RACIAL AND SEXUAL ATTITUDES OF PRESCHOOL CHILDREN

### Introduction

This report describes the study conducted in the Child and Family Development Center comparing the levels of racial and sexual awareness, preference, and identity of the children in the Center. The study was intended as a pretest of a series of instruments designed for use in a larger study being conducted in the agency — the longitudinal adoption study. It was also the intent to examine the impact of an integrated school setting on racial awareness, preference, and identity.

Past research on these three variables indicate preschool children do possess a beginning racial identification. Studies examining the relationship between race and racial preference almost universally conclude that both black and white children manifest white racial preferences, and that white children identify themselves more accurately than do black children. Teachers in the Center concur from their observations that even very young children (2½ and 3 years) exhibit a beginning racial and sexual consciousness. The staff wondered about the effects of a mixed racial setting (black and white children and staff are about equally represented) in which efforts are made to capitalize on the child's developing racial consciousness. It was speculated that exposure to children of other races in addition to the input of the teachers might enhance the children's preferences for identification with their own race.

The instruments used in this study to measure racial awareness, preference, and identity were borrowed with permission from a study on transracial adoption conducted by Dr. Rita Simon at the University of Illinois at Champaign-Urbana.[1] Dr. Simon investigated the racial awareness, preference, and identity among white and adopted black children in homes where both parents and siblings were white. Instruments measuring sexual attitudes were developed by CCCS research staff.

For the purpose of this study, racial awareness, preference, and identity have been defined as they were in Dr. Simon's project. "Racial awareness" is manifested in a knowledge of both visible differences between racial categories and the perceptual cues by which one classifies people into these divisions. "Racial identity" is defined as a consciousness of self as belonging to a specific group differentiated from other groups by obvious physical characteristics. Racial identity also measures affect about race, while awareness is concerned primarily or exclusively with cognition. By "racial preference" is meant the attitudes or the evaluations attached to racial categories.[2] Efforts were made to examine the effects of race, age, sex, family income, and family composition on the child's developing racial and sexual attitudes.

## Sample & Methodology

*Description of the sample.* At the time of this study there were 39 children in the Child and Family Development Center. Although an effort was made to see all of these children, it was not possible to interview 4 children, leaving a sample of 35 children.[3] Three of the 35 were unable to complete all of the tasks and sample size will vary accordingly.

Included in the sample were 10 black, 4 racially mixed, 17 white and 4 oriental children. For convenience, the 10 black and 4 racially mixed children will hereafter be referred to as black, and the 17 white and 4 oriental children will be called white, except where findings in one of the 4 subgroups are significant. The sample included 19 boys and 16 girls. The children ranged in age from 3 to 5 years. The following table shows the number of children grouped by age, sex, and race.

1. Rita J. Simon, "An Assessment of Racial Awareness, Preference and Self Identity Among White and Adopted Non-white Children." University of Illinois at Urbana-Champaign, 1973. (Mimeographed.) Contrary to other studies of racial attitudes, Dr. Simon found black children reared in multi-racial families do not acquire ambivalence toward their own race. She also found no evidence that white children identify themselves more accurately than black children.
2. *Ibid.*, p. 1.
3. Two of the four children were unable to participate in the testing due to severe developmental and emotional problems. The third child excluded from the sample was away from the Center during the testing period. Another child, although capable, refused to participate.

**Table 1. Number of Children by Race, Sex, and Age**

| Race | Sex | Age | | | |
|---|---|---|---|---|---|
| | | 3 Years | 4 Years | 5 Years | Total |
| BLACK | Males | 1 | 3 | 3 | 7 |
| | Females | 2 | 2 | 3 | 7 |
| WHITE | Males | 2 | 4 | 6 | 12 |
| | Females | 2 | 3 | 4 | 9 |
| Total | | 7 | 12 | 16 | 35 |

There were thirty families represented in this study as 5 of the children had siblings in the day care center. Twenty-six children lived with only one parent (12 black and 14 white); the other 9 children lived with both biological parents, or parent surrogates. Eight families (4 black and 4 white) were in the less than $5,000 income range; fourteen families (6 black and 8 white) had incomes in the $5,000 to $9,000 bracket. The remaining eight families (2 black and 6 white) had incomes greater than $10,000 per year.

*Research design.* In February and March each child was taken out of the classroom and was interviewed individually for 45 minutes. The teachers had given the children excellent preparation concerning their contact with the research interviewer. As a result, the children were eager to "play some games" with the interviewer. Both of the interviewers were white.

There were 6 parts to the interview. The first part engaged the child in conversation as he answered such questions as follows: "What do you do during the day?; Who is your favorite friend?; What do you want to be when you grow up?" The purpose of ten such questions was to develop rapport and help the child become comfortable with the interviewer and the surroundings. To measure the child's level of racial awareness, identity, and preference, three instruments were used: pictures of black and white animals, a pair of black and white baby dolls, and a puzzle of black and white family members. In addition, an instrument to measure sexual preference and attitudes was developed by CCCS research staff. It consisted of pictures of boys and girls with accompanying stories in which the child was asked to finish the story by selecting a boy or a girl (e.g., "One of these children always helps mother clear the table. Which is the *good* child?"). In the final task an attempt was made to measure the effects of age and sex on toy selection. After showing the children pictures of traditionally masculine and feminine toys, they were asked to select the ones they preferred.

## Research Findings

*Racial preference, awareness, and identity.* The first of the three tests which measured racial preference involved the use of 24 placards with 12 sets of pictures. Each set consisted of two pictures of the same object, one colored black and the other white. Interspersed among these were pairs of placebo pictures of various colors. As the child was shown a set of objects, the

interviewer told him a two-line story about the pictures. The child was asked to complete the story by selecting the *stupid, dirty, pretty* object. The six negative adjectives by which the children could characterize the black and white pictures were: bad, stupid, naughty, dirty, mean, and ugly. The six positive adjectives were: pretty, smart, good, clean, nice, and kind.[1]

The tests were scored by totaling the number of positive and negative adjectives attributed to the black and white pictures. Each child received one positive and one negative score ranging from zero to six. For example, if a child attributed four positive adjectives to white pictures and two to black pictures, he scored four on the "white" positive side and two on the "black" positive side. Negative responses were scored similarly. A child who associated three negative characteristics to white pictures and three to black, received scores of three on the "white" and "black" negative dimensions. The mean scores by race and age are shown in Table 2.

**Table 2. Mean Positive and Negative Scores for Black and White Pictures by Race and Age**

| Responses | 3-4 Yrs. | | 4-5 Yrs. | | 5-6 Yrs. | |
|---|---|---|---|---|---|---|
| | Black | White | Black | White | Black | White |
| NEGATIVE BLACK | 3.3 | 4.5 | 4.6 | 5.3 | 4.6 | 5. |
| NEGATIVE WHITE | 2.7 | 1.5 | 1.4 | .7 | 1.4 | 1. |
| | 6.0 | 6.0 | 6.0 | 6.0 | 6.0 | 6. |
| POSITIVE BLACK | .3 | 1.2 | 2. | .7 | .8 | .6 |
| POSITIVE WHITE | 5.7 | 4.8 | 4. | 5.3 | 5.2 | 5.4 |
| | 6.0 | 6.0 | 6. | 6.0 | 6.0 | 6.0 |
| Total | 3 | 4 | 5 | 7 | 5 | 9 |

Regardless of age or racial designation, the children were more likely to identify white objects with positive adjectives and black objects with negative adjectives. As black children increased in age they associated more negative adjectives with black, but they also attributed slightly higher positive adjectives to black and slightly lower positive adjectives to white. Four-year-olds associated less positive adjectives with black and more positive adjectives with white with advancing age.

The next task each child was asked to perform involved putting together and taking apart people-shaped puzzle pieces. A child was given two identical puzzles, each containing five figures — a mother, a father, a son, a daughter, and a small doll which could be identified as a boy or a girl. One set of figures was painted white, the other brown. The children were asked to perform several tasks with the puzzles which would provide measures of racial awareness, preference, and identity. First, they were asked to arrange a family composed of five members. In doing so they could select five persons of the same skin shade, or five persons of different shades. Eighty-one percent of 32

1. J. E. Williams and J. K. Roberson, *Educational and Psychological Measurement* (1967), pp. 671-89, and Charles Osgood, et al., *The Measurement of Meaning*, cited by Simon, "Racial Awareness, Preference and Identity," p. 7. See these sources for more detail about this instrument.

respondents arranged a "family" that contained persons of both skin shades. Four children, including 1 black and 3 white, arranged an all white family. Each of the 4 children was 4 or 5 years old. One was a girl; the rest were boys.

The second task involved putting together a family that was supposed to represent "their" family. Thirty-two children participated in this task. Table 3 shows the results.

**Table 3. Identification of Family Members by Race and Age**

| Family Members Identified | BLACK | | | MIXED | | | WHITE | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | 3 Yrs. | 4 Yrs. | 5 Yrs. | 3 Yrs. | 4 Yrs. | 5 Yrs. | 3 Yrs. | 4 Yrs. | 5 Yrs. | |
| Mother is Black | | 1 | 3 | | | | | 2 | 1 | 7 |
| Mother is White | 1 | 3 | 1 | 2 | 1 | | 4 | 5 | 8 | 25 |
| Father is Black | 1 | 1 | 2 | 1 | 1 | | 2 | 1 | 2 | 11 |
| Father is White | | 3 | 2 | 1 | | | 2 | 6 | 7 | 21 |
| You are Black | | | 2 | 1 | 1 | | 2 | 1 | | 7 |
| You are White | 1 | 4 | 2 | 1 | | | 2 | 6 | 9 | 25 |

The interesting trends were: 1) As black and white children increased in age, they more accurately identified their mothers, fathers, and themselves; 2) Although numbers were very small, mixed children correctly identified the colors of family members at an earlier age than did black children; 3) White children most accurately identified themselves and the color of their parents.

In the next task the dolls were arranged according to roles placing fathers together, mothers together, etc., and the children were asked to select dolls like their family members. Only 5 children made different selections from the former designations. All (3 white and 2 black) corrected previous errors in color of parents and themselves.

The final task the children were asked to perform with the doll puzzle was to select the boy and girl with whom they would most like to play. The majority of black children preferred playing with white children with the exception of black boys who also liked to play with black girls. Similarly, the majority of white children would rather play with white children, excepting white girls who prefer to play with either black girls or white boys. See Table 4 for these results.

**Table 4. Playmate Preference by Age and Race**

| Rather Play With | BOYS | | | | | | GIRLS | | | | | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | BLACK | | | WHITE | | | BLACK | | | WHITE | | | |
| | Yrs. | | | Yrs. | | | Yrs. | | | Yrs. | | | |
| | 3 | 4 | 5 | 3 | 4 | 5 | 3 | 4 | 5 | 3 | 4 | 5 | |
| Black Girl | | | 1 | 2 | 1 | 3 | 1 | 1 | 1 | | 2 | | 12 |
| White Girl | 2 | 2 | 2 | | 2 | 1 | | 2 | | 2 | 2 | 5 | 20 |
| Black Boy | 1 | | 2 | 1 | 2 | | | 1 | 1 | 1 | 1 | 1 | 11 |
| White Boy | 1 | 2 | 1 | 1 | 1 | 4 | 1 | 2 | | 1 | 3 | 4 | 21 |

Another measure of racial preference was derived from the Clark-Doll instrument. A white and a black doll identically dressed were shown to the child who was asked to point to the doll that:

1. You like to play with the best
2. Is a nice doll
3. Looks bad
4. Is a nice color.

A score for white or black preference was determined by assigning one point to each of the four variables where the respondent favored the white or black doll. Race, sex, and economic status did not seem related to the child's racial preference, but there was an interesting trend connected with age. Excepting white 3-year-olds, children showed an increase in white preference with advancing age.

**Table 5. Mean scores for White Preference by Race and Age**

| Race | Age | | |
|---|---|---|---|
| | 3 Yrs. | 4 Yrs. | 5 Yrs. |
| BLACK | 2.3 | 2.4 | 2.8 |
| WHITE | 3.5 | 2.5 | 2.8 |

*Sexual preference.* A measure of sexual preference was developed wherein children were shown pictures of boys and girls and were asked to point to the child who is naughty, good, stupid, smart, ugly, cute, etc. It was found that girls associated favorable qualities with themselves and unfavorable ones with boys and vice versa. "Kindness" was the only exception to this finding. Both boys and girls felt that the little girl was the "kind" child.

The factors of age, race, family income, and family composition (one or two parented families) seemed to have no effect on these results. The following table shows that boys assigned more negative adjectives to girls than girls did to boys; however, girls assigned slightly more positive adjectives to girls than boys did to boys.

**Table 6. Mean Positive and Negative Sexual Preference Scores**

| Positive and Negative Adjectives | Girls' Responses | Boys' Responses |
|---|---|---|
| Negative Boys | 3.8 | 1.7 |
| Negative Girls | 2.2 | 4.3 |
| Positive Boys | 1.3 | 4. |
| Positive Girls | 4.7 | 2. |

*Toy preference.* Using pictures of toys, a series of eight sets of cards was devised to measure the degree to which children's selections of toys are affected by traditional masculine and feminine roles.

It was consistently found that a higher percentage of boys preferred the traditional masculine toys than did girls prefer traditional feminine toys. Girls were more liberal in their selection of toys. Thirty-one percent of them would rather play with an Indian dress-up costume than with a lady dress-up!

## Evaluation of Research

Several points must be kept in mind regarding this study. 1) The sample size of the CFDC was too small to merit statistical significance among any of the variables. The small sample size must be kept in mind in examining all of the data and in interpreting results. 2) Both of the interviewers were white. It is therefore impossible to determine the impact of the interviewer's race upon the children's responses. It would be interesting to repeat this study with two black interviewers or a black and a white interviewer. 3) Both the toy preference and sexual preference instruments were developed by CCCS staff and their validity has not been assessed. 4) Some of the children's selections may have been random selections, particularly for the younger children. It was noted that as children became more familiar with the doll puzzle, their selections were more accurate. 5) The effect of the child's developmental or emotional maturity upon his developing racial attitudes in not known. Since many of the children in the Center have some developmental or emotional difficulties, this sample may be unique.

## Summary

A review of the literature show that previous studies of young children's racial preferences have consistently reported pro-white attitudes on the part of black and white children living in the United States. Although some studies go back two or three decades, even those that were completed in the 1960's, the era when such slogans as "Black is Beautiful" and "Black Power" became familiar, show young black children have continued to exhibit pro-white attitudes.

Earlier, racial preference was defined as an attitude or evaluation that is attached to racial categories. In asking children to assign positive and negative characteristics to black and white animals it was found that children, regardless of racial origin, show a preference for white and a marked negative attitude about black. This trend became even more pronounced as children got older. Another measure, the Clark-Doll test, designed to explore further racial preferences showed the same result. Excepting three-year-old children, who scored highest on white preference, most children expressed increased white preference with advancing age.

Racial awareness was defined as a knowledge of both the visible differences between racial categories and the perceptual cues by which one classifies people into these divisions. Awareness is concerned primarily or exclusively with cognition. When asked to point to the black doll, and then point to the white doll, only three children (one white and two black) answered incorrectly, indicating most children were aware of color differences. Age did not seem to be a significant factor in the erring three.

Children were also asked to compose their families using white or black doll puzzle pieces. It was found that the older the child the more appropriately he identified the colors of family members. White children identified themselves and their parents more accurately than did black children.

Racial identity was defined as a consciousness of self as belonging to a specified group differentiated from other groups by obvious physical characteristics. It also measures affect about race. To determine this, the children were asked to point to the doll that looked like them. Regardless of age, 50% of the black children pointed to the white doll; only one white child pointed to the black doll. The same question asked at another point in the interview using a different test, revealed 8 of the 12 (66 percent) black children chose the white doll, and 17 of the 20 white children chose the white doll. Most of the children who correctly identified themselves according to skin color were older.

The sex preference tests showed that boys associate a higher percentage of negative adjectives with girls, but girls associated a slightly higher percentage of positive adjectives with themselves. Finally, we discovered that boys more consistently preferred traditional masculine toys than girls preferred traditional feminine toys. This was in direct proportion to age. The older the boy, the more he preferred cars, trucks, and steam engines as opposed to dolls, beads, etc. Girls were more liberal in toy selections, sometimes preferring to play with trucks instead of dolls.

The findings did not confirm staff speculation that black children in the Center would show a preference for their own race to a greater degree than had been found with children in other studies. The results of the study were not markedly different from the results of past studies done in less integrated settings. While it may be concluded that exposure to children from other races

and teacher input on the preschool level are not sufficient conditions for children to exhibit black racial preferences, it cannot be determined from this study what, if any, impact these conditions had on the children's racial attitudes. Indeed the attitudes of the children may have been more negative without the Center's consciousness of the importance of race in the child's developing identity. Also, the specialization of the Center's program probably suggests that this is not a representative sample of children.

The findings pose some interesting questions for further research. What is the impact of self esteem or self concept on a child's racial and sexual preference? What types of parental behaviors or attitudes effect positive racial attitudes in children?

* * *

Administrative interest in this study was high because of societal implications of research on racial attitudes. This shift toward interest in basic research spurred further development of the study. The project has been expanded to include an interview with parents. This research, conducted by a graduate student in research from the Jane Addams School of Social Work with a field placement at CCCS, as an effort to discover the impact of specified parental behaviors on children's racial attitudes. The study, conducted outside the agency at a nearby day care center, marked a trend toward moving the research from specific in-house practice issues to questions of broader and more basic interest. While certainly there will be a continuing response to staff practice questions, the future thrust of agency research may well be devoted to questions of more general interest to the community and to the field of social work.

## PARENTAL INFLUENCE ON THE RACIAL ATTITUDES OF PRESCHOOL CHILDREN:

## A SUMMARY

### Introduction

Preschool children of all racial groups in the United States tend to exhibit a preference for the white race over the black race. This is a consistent finding of countless studies of children's racial attitudes. One exception was noted by Rita Simon (1973) who found that black and white children in transracial adoptive homes do not exhibit as strong a preference for white as observed elsewhere. Noting these findings, Chicago Child Care Society (CCCS) desired to find out what situation existed in their Child and Family Development Center.

Early in 1974 the agency conducted a study to discover the racial attitudes of the children in the day care center. The sample from the Center consisted of ten black, four racially mixed (from black/white families), 17 white, and four oriental children, all between the ages of three and five years. Each child was interviewed separately and the results of the total group assessed. In sum, the findings indicated that the majority of the children at CCCS followed the norm of pro-white attitudes, with an increased white racial preference with advancing age. (See Kimble, 1974.)

This finding raised a number of questions which prompted the development of the present study. What factors influence development of a white preference? What factors influence children who exhibit black preferences? What factors influence children who value each racial group equally? To answer these questions, two assumptions were made to form the basis of this study. First, it is assumed that a child's attitudes are formed as a result of experiences in the environment, and that the preschool child's attitudes are most strongly influenced by the primary socialization agents, the child's parents. And second, assuming that the predominant attitude conveyed by society toward the black race is negative, parents have a key role in transmitting or blocking racist attitudes conveyed by society. Together these assumptions lead to the major hypothesis that parental efforts to filter society's message that white is better than black can influence a child to accept the black race to be as good as, or better than, the white race. This study was designed to compare the racial awareness, identification, and preference of preschool children with the parental efforts to filter the message from society that white is better than black.

This study builds on the first study by including: 1) interviews with children concerning their racial attitudes; 2) questionnaires to parents aimed at developing a picture of parental efforts to influence their children's attitudes; and 3) analysis of the relationship between parental efforts and children's attitudes.

**Sample**

Changes that were made were intended to expand the questions and increase the possibility of observing events that may explain the children's responses more fully. The study, conducted at the Unitarian Preschool Center of Chicago, included 35 children and 32 parents. The sample consisted of seven black, five racially mixed (from black/white families), 19 white, four East-Indian children, and two children of white/other parentage, one with an Indian parent and one with an Eurasian parent. The latter two were grouped with Indian and white respectively. Three white parents did not participate in the study. This Center was chosen because of their interest in the project, their proximity, similarity of program and racial mixture. The two groups differed primarily in occupational status; the majority of parents at UPC represented professional occupations in contrast to a wider range of occupations represented at CCCS.

**Summary of Findings**

*The children.* The children's responses were analyzed in terms of the following variables: 1) the child's awareness of racial differences — a knowledge of both visible differences between racial groups and the perceptual cues by which one classifies people into these divisions; 2) the child's ability to identify as a member of the group(s) to which he or she belongs — a consciousness of oneself as belonging to a specific group by obvious characteristics; and 3) the child's preference for one race over the other — the evaluation that children make of racial categories. (Definitions adapted from Clark and Clark, 1958; Porter, 1971; and Simon, 1973). In addition, a child's acceptance or rejection of children of either race was analyzed according to the child's reason for wanting or not wanting to play with another child.

The results of the child interviews indicate the majority of children were aware of racial differences, tended to identify with their own group, and tended to accept and prefer the white race more readily than the black race. These findings are similar to the agency's first study and countless studies cited in the literature. Yet, within the group, some of the responses seemed related to certain characteristics, particularly the child's age and racial background.

The youngest children in this study (the three children under 4 years and 3 of the 11 children between 4 and 4½ years) were not as aware of racial differences and were less able to identify themselves by racial group than were older children. This young group of children also had less pronounced racial attitudes, although even those who were not fully aware of racial differences tended to exhibit a white preference. The older children, over 4½ years, expressed the strongest racial attitudes; of 21 children in this age group, six stated the strongest white preference, two, a preference for black, and six, a rejection of black.

Responses also differed with differences in the children's racial backgrounds. Although most children were aware of racial differences, white and Indian children were the most accurate in identifying their race, and children from black families identified themselves correctly one-half of the time. The children from the black/white families tended to be unsure (two) of their racial identification or else chose white (two); another of these children identified with "brown." White and Indian children had the strongest white preferences, whereas black and black/white children had either a white or a mixed racial preference. White children were less accepting of both white and black children than were children of other groups. They also had the greatest tendency to reject members of a racial group.

*The parents.* The responses of the parents were grouped into three elements: the racial/cultural emphasis in the home, the means by which they intended to introduce their children to persons from differing backgrounds, and the use of certain kinds of behavior thought to influence the child's racial attitudes. Parental responses were also classified into two groups based on

their assumed intent. Some appeared to be intended to modify the message that white is better than black; these were classified as "Anti-racist." Other behaviors did not seem to be chosen to enhance a child's awareness of and attitudes toward racial differences; these were classified into a "Not an Issue" group.

As with the children, parents in this study tended to respond differently by racial group. The black parents were the only group to express a consistent choice of preferred racial identification; they wanted their children to identify with the black race. On the other hand, parents in black/white families tended to choose "Humanity." Both white and Indian parents tended to choose their own groups, but some also chose "Humanity" and special ethnic groups with which to identify. The most notable racial difference in the other areas of emphasis was four of six black parents placed emphasis on the knowledge of both physical and cultural differences, whereas eight of 11 white parents indicated an emphasis on physical differences only. White parents did not exhibit a preference for one means of introducing their children to racial and cultural differences over any of the other means. The other three groups of parents tended to choose "Both Formal and Interpersonal" means (both exposure to museums, restaurants and also friendship) more frequently than the whites. Black parents tended to use discussion about racial differences more often than others. Black/white parents, on the other hand, tended always to include "Interpersonal" contact with others in their plans.

Some interesting relationships emerged in this study between the parents' efforts and the children's responses supporting the major hypothesis. Parents' "Anti-racist" efforts seemed to influence children to have more positive attitudes toward each racial group. The lack of such parental efforts ("Not an Issue" behaviors) occurred more frequently with children stating pro-white attitudes.

Parents who stated such "Anti-racist" efforts as "Both Cultural and Physical" knowledge and "Both Formal and Interpersonal" means, have children who have developed their own racial identity. The only black children who identified themselves as black have parents who state such efforts. These two efforts, in addition to other "Anti-racist" efforts, influenced children to have a greater tendency to express a mixed racial preference — no clear preference for one over another. These behaviors also included the planned use of "Discussion" around racial issues and planned interpersonal contact. The behaviors of living in mixed racial housing, visiting "Often or More" with persons from both racial groups, and owning dolls and books representing two or more racial groups also influenced the children to more readily exhibit a mixed racial preference. Other "Anti-racist" behaviors seemed to influence children to accept each race equally. These behaviors emphasized both the valuing of individuals (the choice of "Humanity" as an identification preference), and the valuing of differences (an emphasis on ethnic group differences), and the "Appreciation of Differences."

In contrast, a number of responses of parents were related to the tendency to make a white preference. Not surprisingly, those parents who indicated that they had not given any thought to how they would deal with racial differences and those who had not planned any means of introducing their children to racial or cultural differences had children who tended to exhibit a white preference. This was also true of those parents with only an emphasis on physical differences and those with only "Formal" plans (museums, etc.). Also of interest was the effect of exposure to just one racial group. Those families, black or white, who lived in housing composed of one racial group, who visited with only one racial group, or who owned dolls or books representing only one racial group, had children who tended to prefer white.

**Implications**

The children's responses indicated that a number of children have picked up the value of society that white is better than black. Some of the white children particularly have picked up these values and have even begun to respond to their recognition of their "preferred" status, as is evidenced by the five white children that rejected black, some of who did so by stating, "I hate blacks." These white children have also expressed the strongest racial attitudes — the strongest white preferences and also the rejection of black.

Apparently these values have also been picked up by some children from black, black/white and Indian families. Responses of children from black and black/white families indicate that some children are ambivalent about who they are and how to respond to others around them. A number of these children could not readily identify themselves by racial group. Although this is an appropriate task for children this age, black and black/white children have more difficulty than either white or Indian children. They also tend to accept white children more readily than black children. However, these children have not accepted society's message to the extent exhibited by the white children because they do not reject black.

The parents also responded somewhat differently by racial group. It is interesting that black, white, and Indian families preferred their children identify racially with their own racial group. On the other hand, most of the black/white families wanted their children to identify with "Humanity." These families are not stating a recognition of their racial heritage, but rather tend to identify universally. Contrariwise, black families are consistent in their choice of "Black," more so than white families are with their choice of "White." It seems that for the black families it is important to develop the black identity, yet black/white families are dealing with other issues. Both groups tend to make some plans to introduce their children to racial and cultural differences. Therefore, it is difficult to recognize the overall differences in what is important to each group.

There were also differences in the choice of "Means." White parents were less likely to plan than others (although most did make some plans), and

tended to direct their attention to one mode and one emphasis. White parents chose an emphasis on "Physical" differences more often than any other, whereas black parents were more likely to emphasize "Both Cultural and Physical" knowledge. This could possibly indicate different areas of concern; black parents may perceive a wider range of areas in which people differ that are important to recognize and deal with as one grows up, whereas white parents may recognize physical differences between people as the most important. This might also be related to the pertinence of race to a racial group. In American society, the fact of one's race is not necessarily crucial to the white person because opportunities for lifestyle, vocation, etc., are not denied the white person because of his or her race. Yet, minority persons are confronted with the fact of their race in many situations. If this is a true difference, one would expect black and black/white families to have more input in their "Efforts." A greater proportion of these parents made plans than did white and Indian parents.

About one-half of the parents in this sample reported that their children owned books or dolls that represent more than one racial group. An interesting question is whether this pattern is present elsewhere as a norm of doll and book ownership, or is this pattern unique to this group? Most likely the latter is true.

It is difficult to assess the import of the above behaviors without looking at how they affect the children. As observed earlier, it seems evident that the children in this study have picked up the value that white is better than black. This arouses concern because the child that states "I hate blacks," and the black child that accepts white children more readily than black are both responding in ways that would be considered "problematic" if not "unhealthy."

Earlier the hypothesis was presented that parental efforts to filter society's message that white is better than black can influence a child to accept the black race to be as good or better than the white race. The implicit assumption here is that the child's values will not be influenced without such efforts, and the child will place a higher value on white than on black.

As noted earlier, the above findings support this hypothesis. Those parents who tend to have "Non-racist" behaviors tend to have children that prefer white. This raises the question as to why an emphasis on "Physical" differences and "Formal" means are not effective efforts. Possibly these two efforts may be removed from the daily life and concrete experience of the child, and that if combined with other experiences the effects of these two efforts might be enhanced. In addition, these efforts are not really described in terms of teaching a value of acceptance and/or appreciation of others. If both are geared primarily at "Knowledge," rather than non-racist values, they would not necessarily influence the children's attitudes toward the acceptance of black.

Several behaviors are related to exposure to only one racial group of people: living in housing composed of one race, visiting primarily with persons from one racial group, and owning dolls or books representing one racial

group. All of these are associated with a preference for white, whether the racial group of exposure is white or black. This seems to imply that some exposure is beneficial to the development of an equal evaluation of racial groups. Those children who are exposed only to blacks at home and yet are receiving the message somehow from society that white is better than black, apparently accept this message. This is also true for the child exposed to only white at home. Although the exposure to persons and cultures representing more than one group is no guarantee of filtering out the message from society, it seems that these experiences are helpful in enabling a child to value equally black and white.

The "Anti-racist" behaviors, on the other hand, tended to influence the likelihood of a mixed preference and the acceptance of black and white. Although it is difficult to identify the most crucial aspects of these efforts, it seems that the ones observed in this study tend to include concrete behaviours, interacting with others and owning books and dolls used by the child. Two more "cognitive" aspects are also related: "Discussion," and "Both Cultural and Physical" knowledge. Those parents listing "Discussion" planned to respond to daily events, TV shows about different persons, comments by others, etc. Consequently, "Discussion" may be more influential than "Formal" methods because it occurs as a response to events in daily life. (See Harrison-Ross, 1973.)

Also, racial identification was influenced by "Anti-racist" behaviors. Since only the black children exposed to "Both Cultural and Physical" emphasis and "Both Formal and Interpersonal" means identified with "Black," one would wonder if such exposure is necessary for such identification. Since this is a consistent relationship for all minority children, it would suggest that efforts which include both cognitive and interpersonal dimensions are necessary for the development of a racial identity with a minority group.

Apparently some sensitivity to and action on these issues is helpful for enabling the child equally to value or prefer black. Yet it is difficult, at this point, to know what are the most crucial elements in this process. If "Discussion" is helpful, what issues are most important to discuss and in what way? If "Interpersonal" experiences are helpful, what is the nature of the experiences which are the most influential? All of the children are in an integrated day care center, yet some of these children exhibit strong pro-white and anti-black attitudes. Thus, it is evident that there are more ingredients than just the interpersonal experience. Also the combination of "Both Cultural and Physical" knowledge emphasis and "Both Formal and Interpersonal" means were apparently influential. One wonders whether the combination of these efforts is more effective than each of them applied separately? Although these behaviors have not been defined precisely, a realm of behavior that seems to have some influence on a child's racial attitudes has been observed. It seems important for those persons who desire to work against racism, and the problems that racism creates, to evaluate and explore the behaviors that appear to be helpful.

The knowledge that some "Anti-racist" behaviors are influential in enabling a child to be able to value black to be as good as or better than white can be utilized by social workers in several ways. Some of these possibilities include counseling centered around the parent and child relationship. In situations where parents are concerned about their child's racial identity, new "Anti-racist" experiences/behaviors could be recommended to the parent. Another crucial activity would be assisting foster parents and parents that have adopted transracially to know how to help their children develop an appropriate racial identity and an equal valuing of racial groups. Most likely these behaviors and experiences would also be pertinent to any transracial situation, such as the transracial adoptions of Korean and Vietnamese children which have taken place in this country.

These findings might also be useful to social workers in community centers or community organizations. Programs which provide for both "Formal" and "Interpersonal" experiences and discussion might be introduced. This would bring about exposure to cultural differences and interaction between persons from different racial groups. The implications for other persons working with children are great.

In a day care setting, such as the Chicago Child Care Society and the Unitarian Preschool Center, these findings might be utilized in a number of ways. The influence of exposure to others through dolls, books, and interpersonal contact needs to be recognized and emphasized. Of particular importance is the observation that those parents who tend to live and visit with only one racial group, those who tend to own dolls and books of only one racial group, and particularly those who have not consciously begun to deal with the facts of racial and cultural differences are the families in which children have the strongest pro-white racial attitudes. The day care setting is an ideal place to begin sensitizing both parents and teachers to the importance of recognizing the racial and cultural differences between people and of consciously transmitting attitudes and values to the young child through life experiences. These efforts include the integration of the child's classroom and staff, discussion of the values of individual differences and the ways in which each person is different, and exposure to special "Formal" experiences as an introduction to different cultures.

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**Beginning Staff Involvement in Research**

As the first of the racial attitude studies was underway there occurred a major shift in staff acceptance and involvement in research. The Center was in the process of planning a special program for a child with rather severe developmental lags. Planning for this child was intended to demonstrate experimentally the effectiveness of a specialized one-to-one relationship in working with children with developmental deficits. Much to the surprise and pleasure of the research team, the Center staff immediately requested that the program be accompanied by research. They were interested in a systematic evaluation of the child's progress in this program. Although their expectations of the research were unrealistic in terms of what could be produced through such a study, it was decided to plan a simple monitoring system. This was the first time the staff had presented a problem for study, and there was a strong wish to respond to their interest and enthusiasm.

To record the child's progress a system was developed for observing the child at regular intervals. Staff worked together in planning the observation and a committee was developed to design an instrument to be used for recording the child's progress. The instrument was revised after a pretest revealed some difficulties, and again after the observation had been completed.

Staff rapidly lost interest in the project when the child left the Center, but it did result in the development of an outline, or guide for observing children, as well as an awareness of some of the complexities of developing a research design.

**Follow-up Study**

The next project in the Day Care Center, a follow-up study of a sample of children who had attended the Center, was developed in the fall of 1974. Such a study had been encouraged by the administration and its design was suggested by the parents of a child attending the Center. They were parents of a child with special problems and they wondered how children with similar problems had fared after leaving the Center.

This project was thought appropriate for an introductory research class because of its value in teaching about the phases of the research process and the interaction of research and practice. An earlier pilot study conducted in the Center had revealed that former clients could be located. The study was planned and conducted under the instruction and supervision of Joan Shireman, Director of Research at CCCS and associate professor at the Jane Addams School of Social Work. Such a project was possible because of the agency's interest in education and professional training as well as research. The study exemplifies another dimension of the origin of research in an agency: the input of the consumer, or the client, in developing research questions.

## THE CONTINUING EXPERIENCES OF CHILDREN ATTENDING THE CHILD AND FAMILY DEVELOPMENT CENTER

Impetus for this study came from the staff of the Chicago Child Care Society (CCCS) — teachers, counselors, and administrators — as well as parents. All were interested in knowing how children with whom they had worked were faring in the years subsequent to "graduation" from the day care program of the Child and Family Development Center. A follow-up study to explore this concern was designed by members of a research class at the Jane Addams Graduate School of Social Work in conjunction with research staff at CCCS.

In order to clarify the scope of the study, two special aspects of the Child and Family Development Center were identified as parameters. The children served by the Center are selected, in part, on the basis of some emotional or family disturbance and a need for specialized day care. A range is sought in classroom composition so that in each group of children there will be some who have serious difficulties and others who function relatively well. Secondly, parental counseling is an integral part of the program. The rationale for this service is based on the assumption that a child's development directly reflects the quality of the family's relationships, and that counseling affects family functioning positively.

Program at the Center, then, is built on improvement of "the cultural influences which specify the desirable rate of development and favor certain aspects of the inner laws at the expense of others."[1] The implicit definition of "success" is that a child's emotional reponses and behavior will move toward approximating that defined as "normal" in the literature of child development.

During the time the children are enrolled in the day care program, their development covers approximately the first three of Erikson's stages:

I. Acquiring a sense of basic trust — while overcoming a sense of mistrust;

II. Acquiring a sense of autonomy — while combating a sense of doubt and shame;

III. Acquiring a sense of initiative — while overcoming a sense of guilt.[2]

Because the school population is selected on the basis of developmental disturbance, these children will be found at widely varying stages of mastery. Greatest concern among those who work with the children has always been about those whose pattern of development was most disturbed.

1. Henry W. Maier, *Three Theories of Child Development* (New York: Harper and Row, 1965), p. 29.
2. Erik Erikson, *Childhood and Society* (New York: W. W. Norton, 1963), pp. 247-258.

Intertwined with the child's development is that of the parents, who are assumed at this time in their lives to have achieved mastery of prior tasks, and to have demonstrated readiness for nurturing children. It is recognized, however, as part of the counseling program, that parental stress is highly prevalent, and that coping with the economic and social demands of adult life can sometimes consume the energies of the parents, thus lessening their availability for child rearing. Full day care of the child at CCCS is also a family service — especially to the mother, for it frees her to work on her own development, while the counseling program provides resources to assist in the task.

Thus the Center is concerned with the child himself, and with the child as part of his family. The goals of the program are to foster the development of the child's independence, self-control, and mastery of skills (CCCS, 1970). There is an attempt to enhance parental functioning that will support the child's development. By stressing the importance of a close and stable family life, the Center provides a strong support system for all members of the family.

Because teachers and staff were most concerned about the children whose development deviated most from "normal," and because little is known about the experiences of relatively disturbed children as they grow up in a community geared to "normalcy," the study was designed to follow the experiences and the development of a group of the most disturbed children served in the Center between 1966 and 1972 (children between 6 and 12 years of age in March, 1975). For this study it was decided not to dip into the anticipated problems of the tumultuous adolescent years, but rather to explore the manner in which the children were able to handle the quieter preceding years. Problems during these years are serious; lack of problem does not mean that no difficulty is to be anticipated!

Purposes of the study were threefold:

(1) To describe the experiences of these families in the years since their last contact with CCCS;

(2) To measure the extent to which the children at follow-up did demonstrate progress toward independence, self-control, and mastery of skills, and the extent to which original symptoms were alleviated. Particular attention was on the extent to which movement toward these goals was associated with use of the counseling program;

(3) To explore the parents' perceptions of the service they received and their ideas for any change.

Because the sample was of the most difficult children and families served, and because measurements were imprecise, this is in no way an evaluation of the Center's program. Rather it is hoped that this material may generate some ideas useful in program development.

**Description of Methods and Materials**

The children in this study were selected by teachers in the Center as having been, according to their recollection, the most disturbed attending the program. There were 56 children in the sample, 35 of whom were located. The final sample consists of 33 children from 27 families.[1] Potential subjects were actively pursued in an attempt to secure the cooperation of as many families as possible. Some long-distance telephoning was done in order to enlarge the sample.

Data concerning the child and his/her family during their time at the Center were abstracted from case records. An attempt was made to ascertain the situation at intake (defined as the first three months of contact) and at closing (defined as about the last six months that the child was in the Center). Information abstracted from case records was influenced by a number of variables: 1) the records were gathered over a long span of years and so may reflect changes in agency policies, and in caseworker and teacher philosophy and skills; 2) several different caseworkers and teachers supplied information to case records, recording for the purpose of facilitating service to the family; and 3) ten different students and two members of the research staff at CCCS read the case records, attempting to make judgments about child and parent behaviors from sometimes meager information. Though about 80 percent agreement between readers was obtained for most items, fine differentiation was not possible. There was particular concern about whether the data were adequate to assess the adjustment of the children during the intake period, when limited detail about actual behavior was available in the records.

Data concerning experiences since "graduation," and satisfaction with the counseling service were collected by telephone and in-person interviews with one parent (usually the mother). The same questionnaire was used in both types of interviews, and it was the impression of the interviewers that the telephone interview yielded data of comparable quality with the in-person interview, at least for the gross assessments which were made. Fifteen first year social work students gathered the information via a structured interview schedule (used flexibly if necessary) and recorded the parents' answers to questions. No measurement of reliability was possible. Children of these parents were no longer enrolled in the Center, so there should not have been anxiety on the part of respondents about possible repercussions from negative responses.

Evaluating validity when measuring a child's adjustment is difficult. Reporting of a child's behavior is subject to the usual biases when parents observe their own children; it may stem from a realistic assessment, or may be

1. No family refused directly to be part of the study. One family was currently involved in some complex legal problems and fearful about confidentiality. They eventually decided to answer only some questions on the child's development. A second mother was obviously disorganized and depressed, and expressed continued willingness to talk over the telephone "next weekend — when I have had time to think about the children."

related to the parents' images of themselves. In any event, the assessment is revealing in terms of how the parent *feels* about the child. Some attempt to standardize measurement was made by having students other than the interviewer read interview data and make assessments of child behavior. Only gross measurement was possible, and a reliability of 80 percent was attained on most items. Unfortunately, there was very low reliability on the assessment of the child's ability to get along at home and on the subsequent assessment of overall adjustment. However, parent and researcher judgments on overall adjustment agreed in 73 percent of the cases, tending to validate the assessment. In all instances of disagreement, the researcher saw more problems than the parent.

Thus there was some indication that the reporting of the child's adjustment at follow-up usually captured the essence of the child's behavior, but detailed measurements or assessment of small differences were not possible.

**The Children and Their Families**

The children in this sample were 33 of those remembered as most troubled by the teachers of the Center. They were between 6 and 12 years of age at follow-up with a median age of 9. There were 13 black children, 8 children of mixed black-white parentage (7 children with white mothers and black fathers), and 12 white children. Fifteen were boys and 18 girls.

About half of the children were living with only one parent at intake. One child's mother was deceased; the remainder of the families had been separated by divorce. Of those living with two parents at intake, all but two were with biologic parents. One child was in a foster home, one with mother and stepfather.

At follow-up 60 percent of the children were with only one parent — 54 percent of the black children, 58 percent of the white children, and 75 percent of the biracial children. One biologic father who had left home during CCCS service had returned and one father had remarried and gained custody of the child. Two of the single women had remarried. Six children saw an absent father monthly or more, 8 had no contact with their absent father. The remainder saw their fathers intermittently.

**Service Received at CCCS**

Most of the children (29) were in day care at the Center for one year or more. When interviewed at intake only five families reported no difficulties with child or family and requested only day care. Sixteen families (10 of them headed by a single parent) identified behavior problems with the child and difficulty "managing" him/her. Developmental lags were mentioned as problems by 11 families; two of these children seemed to have fairly pervasive physical problems. In addition, 5 families asked for help with marital problems at intake, and 3 asked for counseling help in meeting the varied demands and stresses of their lives.

Estimates of the number of contacts with the social worker ranged from 150 sessions with one mother to 4 with another. Fathers were seen less frequently; one father was involved in 42 sessions, but many were not seen at all. (Among two-parent families, 3 fathers were not seen at all, while 6 were involved in almost as many contacts as the mother, usually being seen in joint sessions with the mother.) In general, contacts occurred in a fairly regular pattern. Seventy percent of the parents saw their caseworkers less than twice per month on the average, but for many there were periods of more intensive contact.

**Experiences of Families in the Years Since Leaving CCCS**

Rather surprisingly, most of these families, who often seemed to be unstable and distressed during the time they were at CCCS, had had relatively uneventful lives in the two to seven years since they terminated service at CCCS.[1] Eight families had moved (some were unusual, such as a move into and out of a commune, or a year in India). There had been job changes in 5 families (2 of whom had also moved) and relatively serious illness for a family member other than the child under study in 4 families. Children had been added to the homes of 3 families; in one instance the 5 children of a boyfriend had been added to the household.

There had been more major events in the lives of ten children. There were 3 divorces among these families and one separation (of parents of twins) that ended in reunion. Two mothers remarried, one to the child's own father, and one father remarried and gained custody of the child (this child's mother had made two suicide attempts). There were deaths of close relatives in 2 families. Crises had affected families of all races, incomes, and sizes.

The children as a group were healthy. Only two had physical limitations. One child had had a spinal fusion to correct a spinal curvature, one had minimal brain dysfunction. Three other children had had brief hospitalizations, one of which was upsetting because the child was roughly handled in the hospital. One child was apparently mildly retarded.

School experiences of the children were varied. Nine children were having difficulties with school work at follow-up; two were in special schools, and the other seven were at grade level in regular schools but receiving extra help. For 5 of these children the problems lay in understanding and mastery of academic work; for 4 of them help was needed around motivation and ability to concentrate. On the other hand, 11 children were doing outstanding work in private or regular public schools. The rest were doing average to good work at grade level, mainly in public schools.

Counseling services in the community had been used extensively by these families after they left CCCS. Ten families had been in treatment for a year or more, 4 at Michael Reese Hospital, 2 in family therapy, 2 with a school

1. It must be remembered that these are the families we were able to locate.

counselor, 1 with a psychiatrist, and 1 in continued counseling at CCCS. In addition, 5 other families had had about six months of counseling help focused around specific problems, using the same types of services as those seeking more extended help. Several other families had had single evaluative sessions with a professional when concerned about a problem. Interestingly, satisfaction with counseling service at CCCS was not associated with seeking further help.

### Progress of Families at Follow-up

*Children.* From case record material and interviews the children's behavior at intake, closing, and follow-up was assessed. Those behaviors associated with independence, self-control, mastery of skills, relationships with peers, and "getting along" at home were looked at particularly. Specific behaviors were "built" into judgments of these areas, and the final measurement of overall adjustment was shaped in the same manner.

As Table 1 shows, 14 children showed evidence of overall improvement, 18 remained about the same, and 1 child improved between intake and closing, but the improvement was not maintained. This does not mean that all was well with these children, for Table 1 shows 11 children (one-third of the sample) showing problems during the followup period which the interviewer judged to be serious.

**Table 1. Patterns of Change in Children's Overall Adjustment**

| Adjustment Pattern | Number |
|---|---|
| No change | 18 |
| Few or minor problems throughout | 8 |
| Serious problems throughout | 8 |
| Minor problems at intake, serious at closing and follow-up | 2[a] |
| Improvement | 14 |
| Serious at intake and closing, few or minor at follow-up | 6 |
| Few or minor at intake and follow-up, serious at closing | 6[a] |
| Serious at intake, few or minor at closing and follow-up | 2 |
| Improvement that did not last | 1 |
| Serious at intake, minor at closing, serious at follow-up | 1 |
| Total | 33 |

a. These cases are placed under these headings on the assumption that, when a serious problem was noted at closing, it also existed at intake, but such information was not in the case record.

Analysis of specific aspects of behavior, outlined in Table 2, shows the same types of patterns. The greatest positive change occurred in relationships with peers with 55 percent of the children improving -- not surprising when one remembers that inability to get along with peers was a common reason for entering a day care center. The least stable behavior was self-control; half the

children were doing better at follow-up and about one-quarter more poorly. Twenty-five children were judged to "get along" at home without serious difficulty; for about half of this group this represented improvement — again not surprising considering that many parents identified problems in this area when first coming to CCCS. The amount of increase in problems of self-control and independence was surprising. These might have been expected to occur chiefly among the older children in the sample who were approaching adolescence; however, this was not the case.

**Table 2. Changes in Aspects of Behavior, between Time in the Center and Follow-up**

| Child's Behavior | Changes | | | | |
|---|---|---|---|---|---|
| | None | Positive | Negative | IE | Total |
| Independence | 15 | 11 | 7 | — | 33 |
| Self-control | 6 | 17 | 9 | 1 | 33 |
| Relationship with peers | 15 | 18 | — | — | 33 |
| "Getting along" at home | 22 | 11 | — | — | 33 |

Changes in mastery of skills were not evaluated. Theoretically the components of the learning task are the same in preschool and later years. However, the specific evidence of learning varied so within the group that students were not able to make meaningful comparisons.

There are many intervening variables, such as age, family composition, change or crisis in the family, which one might expect would be associated with the child's adjustment at follow-up, but no statistically significant associations were found. This, of course, may be an artifact of the small sample.

*Parents.* A primary difference between day care at CCCS and other programs is the emphasis on working with the whole family. One of the services provided to the family is counseling, affording parents the opportunity to examine, evaluate, and change their functioning. Without attitudinal and behavioral changes on the part of parents, one would expect a 40-50 hour per week setting to have only a minimal effect on the child, an effect which could dissipate rapidly once the child no longer attends the Center.

An attempt was made to assess attitudes of parents toward counseling, participation in counseling, and attitudes toward the behavior changes desired or occurring in the child. Attitudes were difficult to assess, and even the extent of participation in counseling was sometimes difficult to judge. In addition, a gross measurement of parental functioning and change during the period of casework service was developed.[1]

An overall look at attitudes and investment in counseling indicated that those families who had the fewest problems and whose children were doing

1. Unfortunately, it was often not possible to distinguish between the behavior of mother and father from case records; thus the index refers only to "parents."

best made the greatest investment and had the most productive attitudes. Parental investment was measured through a number of items on the interview schedule, only a few of which showed any association with outcome.

As shown in Table 3, those families (8) whose children were doing best at intake and continued to do well all showed evidence of positive involvement in counseling; only about half of the remaining families showed similar evidence.

**Table 3. Comparison of Change in Overall Adjustment with Positive Involvement in Counseling**

| Evidence of Positive Involvement | Child's Adjustment | | | | |
|---|---|---|---|---|---|
| | No change | | Improvement | | |
| | Minor Problems At Follow-up | Serious Problems At Follow-up | Maintained | Not Maintained | Total |
| Not found | — | 5[a] | 3 | — | 8 |
| Uncertain | — | — | 3 | — | 3 |
| Found | 8 | 5 | 8 | 1 | 22 |
| Total | 8 | 10 | 14 | 1 | 33 |

a. One family with less than 6 months contact.

The majority of parents, 58 percent, were aware of and supportive of change in their children's behavior, as can be seen in Table 4. This awareness was not associated with improvement or change, though only 40 percent of those parents whose children had serious problems at follow-up were supportive of change, in contrast to 64 percent of the other parents. A concrete index of involvement — number of contacts with caseworker — was unrelated to change or level of adjustment for the mothers. However, of the 7 fathers seen 12 or more times, 5 had children with few or minor problems at follow-up. Neither "meeting parents' service goals" nor "overall attitudes toward counseling service" expressed by parents at follow-up was associated with "change" or "level of adjustment" in children.

**Table 4. Comparison of Change in Overall Adjustment with Attitude Toward Change in Child's Behavior**

| Attitude | Child's Adjustment | | | | |
|---|---|---|---|---|---|
| | No Change | | Improvement | | |
| | Minor Problems At Follow-up | Serious Problems At Follow-up | Maintained | Not Maintained | Total |
| Not aware of change | 3 | 2 | 1 | — | 6 |
| Supports change | 5 | 4 | 9 | 1 | 19 |
| Does not support change | — | 2 | 1 | — | 3 |
| Insufficient evidence | — | 2 | 3 | — | 5 |
| Total | 8 | 10 | 14 | 1 | 33 |

An index of parental functioning was developed on a four point scale which paralleled that used for the children. Functioning was assessed by two students who read all research materials taken from the case records to obtain a sense of degree of parental disturbance; overall reliability was 75 percent. All parents were initially judged to present serious disturbance, appearing to display considerably more pathology than their children. Thus this scaling technique showed no parents who deteriorated from intake to closing; the majority (63 percent) improved. Parents whose children were judged the best adjusted at intake were those in whom most change was observed.

As is seen in Table 5, those parents whose functioning improved from the time of intake to the time of closing had children whose overall adjustment showed few or minor problems at follow-up. Again the data seemed to indicate that those children who were doing better at intake tended to have parents who made better use of (and benefitted from) counseling service.

**Table 5. Comparison of Parental Change from Intake to Closing with Child's Overall Adjustment at Follow-up**

| Parental Change | Child's Adjustment at Follow-up | | | | |
|---|---|---|---|---|---|
| | Serious Problems | | Minor Problems | | |
| | Many | Few | Many | Few/none | Total |
| No change | 2 | 3 | 5 | 1 | 11 |
| Positive change | 0 | 6 | 7 | 9 | 22 |
| Total | 2 | 9 | 12 | 10 | 33 |

$X^2 = 6.79$, 3 df, $p < .10$

**Parental Attitudes Toward Service Received**

In order to assess further the service offered in the Child and Family Development Center, and to gain some ideas which might be useful in program development, parents were asked to assess their satisfaction with both counseling and day care services, and to elaborate on any ideas about strengths or weaknesses in the program.

*The counseling service.* Of the parents interviewed, two-thirds (22) said they were satisfied with counseling service received, while 11 were dissatisfied. Six parents were very satisfied, and 6 were very dissatisfied. There were no statistically significant associations of satisfaction with other items, but even with small numbers and small differences an interesting picture can be drawn.

At intake, satisfied clients tended to be referred to CCCS by another social agency. Both satisfied and dissatisfied clients were aware of the agency's purpose, were aware of problems, wanted counseling to focus on parent or child problems, and engaged in a casework plan agreed on by caseworker and client.

At closing, both groups were characterized as positively involved in counseling. The satisfied had had their children at CCCS for two years or more, while dissatisfied parents had experienced a shorter period of service. Satisfied parents had partially achieved their goals, while the dissatisfied reported goals fully achieved. (One wonders if the first group was more realistic.) Among those satisfied at follow-up more mothers had seen their caseworkers as planned, tending to see her/him more often than the dissatisfied.

At follow-up, satisfied parents reported that their goals had been attained in counseling, while the dissatisfied reported that they had not. Both groups sought additional counseling after leaving CCCS; however, satisfied clients tended to seek family counseling while the dissatisfied sought counseling focused on the child's problems.

Thus there is some hint that the client who liked the service received had realistic aspirations, focused on an appropriate problem, was involved in the counseling service over an extensive period of time, and left the service recognizing that difficulties were a function of family interaction. Problems may not have been solved, but perhaps these clients had found a way to work on them.

*The day care service.* Almost all children enjoyed the day care program itself, and all but 5 parents expressed satisfaction with it. In general, the Center was seen as a place which provided excellent physical care and in which the child was happy. The program was thought to be supportive of the children's emotional growth and one in which new skills were mastered. To quote one enthusiastic parent:

> So many things happened because of the program. [The child] learned different concepts of family, learned to share, to work with a group, to take responsibility, and experienced social relationships with other children. The program stabilized her as a unique and fantastic human being.

The five parents who were not satisfied with the day care program either had not seen the behavior changes they had hoped for in their children, or thought that the Center had not been sensitive to the needs of their children. One parent thought that exposure to other children had increased her son's difficult behavior; others were more vague but indicated there was still problem behavior when the years in the Center ended. Parents who thought the Center was more concerned about its program than the child's needs generally picked on one issue — such as the required nap — and elaborated on the difficulties this procedure caused the child. It should be noted that all five of these parents were extremely upset with at least one of the social workers with whom they had worked. In reading the interviews, one has some sense that the two sources of dissatisfaction were related, and that dissatisfaction sprang from both.

*Ideas about the program.* When asked for comments and suggestions about the program, parents responded with ideas about parent groups, counseling service, and day care program.

Several parents noted their enjoyment in getting to know other parents through contacts at the Center. They suggested that the Center might provide increased opportunity to socialize with other parents. They liked the feeling of being part of a group of concerned people.

The requirement that there be counseling was attacked by several parents including some who found the counseling helpful. Several mothers expressed resentment in feeling that the social worker wanted them to "shape up" and handle their problems in specific ways. Others, of course, were emphatic in stressing the help they had received. The group counseling sessions were universally liked by those who had participated.

From parent comments on the day care program came suggestions that there be more formal learning content (particularly letters and numbers) for older children, and that there be more responsiveness to individual needs of particular children. Teacher observations of children were thought to be particularly useful, and it was noted that the organized day was a stabilizing influence. A few parents said that the extended vacations were disruptive, forcing them to use additional baby sitters.

In summary, the thrust of the comments was that the Center should attempt to promote more contact among parents, teachers, and social workers, and that a "common sense" approach should be more consistently used.

As one parent said:

> Excellent facility — overburdened with social work theory. I would have liked less formality about the place (a little less therapeutic) and would have preferred direct contact with the teachers rather than going through the social workers.

This "overburdening with theory" is well illustrated by another parent's story of the time a child's 60 percent hearing loss due to ear infections was interpreted by staff as "unresponsiveness to black people."

**Summary and Conclusions**

Investigation of the experiences of 33 of the most disturbed children in day care at CCCS between 1966 and 1972 indicated that most of the group have done quite well. Twenty-two children showed evidence of few or minor problems when the families were contacted in 1975. Fourteen children had improved; only one child was doing more poorly at follow-up than at closing. All but one child were in good health. Most problems seemed to be in self-control and independence. None of the variables expected to influence child adjustment, such as family composition, age, crisis in the family, etc., was associated with the child's adjustment at follow-up. The sample and numbers were small, but it seemed reasonable to look within the family experiences in handling problems to explain the better-than-expected adjustment of these children.

Parental evaluation of the service at CCCS was positive in general. Mothers used counseling more than fathers, and those who were satisfied with the service tended to have been seen frequently over a long period of time. Those families whose children had the fewest problems seemed to make the most productive use of service; one might speculate that these were the families with more strengths on which to build and with more capacity to use help.

Analysis of data on parent functioning provided evidence that counseling did make a difference, even with parents who had severe problems at intake. If, as believed, "sick" parents produce "sick" children, parents who are set on the road to positive growth cannot help but begin to "help" their children. If 63 percent of the parents functioned at a healthier level at closing than when their children started at the Center, there was a positive growth experience somewhere in the life of the child. And if almost half of these families continued to use counseling service, one can hope that this growth continues.

Evaluation of the day care service for the child was very positive. "The best day care available" was a typical comment. What suggestions there were for program change centered on a desire for more parent contact with teachers in order to share information about the child, and a wish for more individual consideration of the ordinary "everyday" needs of parents and children.

Two aspects of the overall program received frequent comment and deserve agency consideration. Let the former clients speak for themselves:

> The counseling program should not be mandatory. I didn't feel I had too many problems, and when in counseling they wanted to talk about my problems and not the problems of my child, it got a little tedious. There wasn't any tie between what was going on in counseling and what was going on in day care with my child;

> In some way they should try to integrate the parent into the day care program — perhaps by having the parent spend a day or two in the year working in some capacity so as to help the child feel that the parent is part of the school too and does not use it merely as a drop off place . . . The parent needs more contact with the day care for help in understanding what kids go through in life in order to be a better parent.

In evaluating the adjustment of the children — not free of problems, but generally adapting to the demands of their widening worlds — and in interpreting comments of parents, one was left with the impression that indeed the program had been successful in helping these families toward a more productive pattern of living. As one parent said:

> I liked the relationship between staff and clients — someone really cared about us. CCCS opened a new world as we became aware that services were available to those that needed them.

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**Parent-staff Evaluation**

The importance of the consumer in research development was further demonstrated in a recent project in which parents helped design a study to evaluate the day care program. The purpose of the study was to learn more about parent satisfaction with the program — an evaluation desired by both administration and research staff. The program director wanted to evaluate recent changes in the program and to find out what impact these developments had on both staff and parents. A committee representing staff and parents developed a questionnaire which was to be completed by all parents and staff members.

The committee began to work awkwardly with a great deal of polite discussion of the program, its goals and methods. As members became better acquainted, feelings were increasingly discussed. Some parents stated a reluctance to question current procedures and to make suggestions fearing that their children would suffer repercussions. Staff members struggled to maintain a professional role while working with parents on a task requiring a different and unfamiliar set of behavior patterns. This was particularly true for teachers who historically have had only limited contact with parents in this setting.

The objective of the committee required that staff members and parents work together as equals toward an open discussion of issues. Finally, one of the parents, frustrated by evasiveness in some of the discussion, suggested that teachers stop being so "professional and/or so protective of the parents." Staff members responded by suggesting that parents were being too demanding, and they were not able to meet all of the needs parents were expressing.

Through their work together parents and staff members have grown in their sensitivity and respect for one another. This type of exchange — difficult at times — has yielded a rich understanding of the issues and complexities of the program. Open and frank discussions between parents and staff members culminated in the design of two questionnaires reflecting the needs and concerns of both groups. The questionnaires will be revised (and, it is hoped, shortened) by the committee after completion of a pretest. Some committee members did not wish to abandon their individual questions for the sake of a shorter instrument.

In addition to the research function of the committee, a noteworthy side effect has been an increased interest by the parents in forming a parent organization. These parents have started a clothing exchange and a small resource library with information about parenting. They have begun to use the Center newsletter, formerly a staff effort, as a vehicle for conveying information. Parents developed a bulletin board for posting information about community activities and other matters of interest. Perhaps ultimately these kinds of unplanned effects or activities, frequently resulting from the research process, are more valuable than the immediate goal of producting an evalua-

tive instrument. Increased direct involvement by parents in the program, accompanied by improved relationships between staff members and parents, can serve an ongoing evaluative function in which both parents and staff participate.

## PARENT-STAFF EVALUATION

### Parent Questionnaire

Date_____

**GENERAL INFORMATION**

1. How long has your child been attending this center?
   _____ Less than 6 months
   _____ 6 months, less than 1 year
   _____ 1 year, less than 2 years
   _____ 2 or more years
2. Have you had more than one child enrolled here? Yes___ No___
3. Have you ever used any other day care center(s) for your child?
   Yes___ No___
4. If yes, why did you remove your child from that center?
5. What is the *main* reason you are sending your child to a day care center?
   _____ I work/am in school
   _____ I want enrichment for my child
   _____ I want my child to be with other children
   _____ I am unable to care for my child
   _____ Everyone else is sending their children
   _____ Other (Please describe)

6. What was the *main* reason you chose this center for you child?

_____ Convenience
_____ Quality
_____ No other alternative
_____ Personal recommendation
_____ Transportation
_____ Because of counseling component
_____ Because of educational component
_____ Inexpensive
_____ Other (Please specify)

**GOALS**

7. Preschools vary in a lot of ways. We are especially interested in what you want the school to give your child. Which of the following goals do you feel is the most important for your child in a preschool setting? (Please rank these from 1 to 5 in the order of importance, placing a 1 next to your first goal, a 2 in front of your second goal, etc., and a 5 next to the goal which is least important to you.)

a. _____ To teach the child basic information, e.g. alphabet, counting, etc.
b. _____ To give the child training so he will know how to get along in school and with other children
c. _____ To give the child good care and protection
d. _____ To find out about and help the child with emotional or other problems
e. _____ To stimulate the child's natural creativity or curiosity
f. _____ Other (Please describe)

8. How satisfied are you with the Center's ability to meet these goals? (Please describe)

9. Were your goals for preschool different when you first came to the Center?

10. If yes, how have your goals changed?

11. Which of the following goals do you think your child's teacher stresses most? (Please rank in order of 1 to 5.)

    a. _____ To teach the child basic information, e.g. alphabet, counting, etc.

    b. _____ To give the child training so he will know how to behave in school and with other children

    c. _____ To give the child good care and protection

    d. _____ To find out about and help the child with emotional or other problems

    e. _____ To stimulate the child's natural creativity or curiosity

    f. _____ Other (Please describe)

**PARENT-TEACHER COMMUNICATION**

12. How often do you talk with your child's teacher about your child?

    _____ More than once a week

    _____ Once a week

    _____ A couple times a month

    _____ Once a month

    _____ About every 2-3 months

    _____ Less than every 3 months

13. Who initiates these contacts?

    _____ Usually the teacher

    _____ Usually the parent

    _____ About equal

14. Are you satisfied with the amount ot time you have to talk to your child's teacher?

    _____ Yes, I see her as often as I want to.

    _____ Yes and no — I can usually see her when I need to, but more contacts would be helpful.

    _____ No — I usually feel I never have enough opportunity to talk to her.

    _____ Other (Please describe)

15. If no, why? (Check all that apply.)

_____ I never get to see the teacher — our schedules are different.

_____ Teacher always seems so busy, I feel I'm imposing on her time.

_____ I'm usually in a rush when I come and go.

_____ I feel uncomfortable talking with my child's teacher.

_____ I didn't know if my concerns were appropriate to talk to the teacher about.

_____ The teacher does not encourage me to speak with her.

_____ Other (Please describe)

16. What kinds of things would you like to discuss with the teacher but have not had enough opportunity to do so? (Check all that apply.)

_____ My child's (daily) functioning in school

_____ My child's (daily) functioning at home

_____ My child's overall progress and development

_____ Issues pertaining to other family members or family situations (i.e. illness of family members, divorce, moves, etc.) as they relate to my child

_____ Information concerning the rules or policies of the Center

_____ Other (Please describe)

17. In what ways could your child's teacher be more helpful to you?

**PARENT-SOCIAL WORKER COMMUNICATION**

18. How often do you have conferences with your social worker?

_____ More than once a week

_____ Once a week

_____ Once or twice a month

_____ Less than once a month

19. How satisfied are you with the content of these contacts? (Please explain your answer.)

    _____ Very satisfied

    _____ Satisfied

    _____ Indifferent

    _____ Dissatisfied

    _____ Very dissatisfied

20. What kinds of things do you discuss with your social worker *most* often?

    _____ Myself

    _____ My child

    _____ My family

    _____ Other (Please describe)

21. What is your understanding of the purpose of the social worker in this day care center?

22. In what ways could your social worker be more helpful to you?

23. What kinds of things do you feel your social worker and your child's teacher should share about you?

    _____ Issues relating to myself or my family

    _____ My child's progress

    _____ Other (Please specify)

    _____ None

**FEELINGS ABOUT THE CENTER**

24. Some parents feel the Center is a good place for children but not so hot for parents.
    a. What are your thoughts about this? Why?

    b. How about other parents; how do they feel?

25. Some parents feel that having their child enrolled in this center involves more of both parent and child than they had expected.

    a. Do you agree? Yes____ No____

    b. If yes, please explain.

26. a. If you were at this point deciding about a place to send your child for day care, would you choose this center again or send your child somewhere else?

    b. Why?

27. Do you think the sliding scale is a fair type of fee assessment?

    Yes____ No____

28. Please explain what you like about the Center.

29. Please explain what disturbs you about the Center.

30. What are your suggestions about how we can make the Center more comfortable and helpful for you and/or your child?

31. What have we forgotten? Do you have anything to add — any other comments about the Center?

**FAMILY INFORMATION**

32. Your age _____

33. Relationship to child of person(s) completing questionnaire

    _____ Mother

    _____ Father

    _____ Other (Please specify)

34. Number in your household

    _____ Adults

    _____ Children

35. Occupation of adults in household

36. Are you _____ Single
_____ Married
_____ Separated/Divorced
_____ Widowed

37. Family income
_____ Less than 3,000
_____ 3,000 - 4,999
_____ 5,000 - 7,999
_____ 8,000 - 10,000
_____ over 10,000

**ADDITIONAL RESOURCES**

38. Some parents have raised questions and made suggestions concerning the program. Which of the following would you be interested in?
_____ A resource library for use of parents
_____ A clothing exchange
_____ A toy exchange
_____ A newsletter
_____ A parent group organized by and for parents
_____ A parent orientation handbook
_____ Parent-teacher group meetings
_____ Parent-staff discussions on child development
_____ Information about the agency's procedures, etc.
_____ A suggestion box
_____ Other (Please specify)

39. Which of the above resources would you be interested in helping set up?

* * *

## 6. AFFIRMATIVE ACTION

While research frequently influences policy-making and program decisions there are few instances in which agency policy makers actively participate in research. The U.S. Dept. of Labor's Affirmative Action Program presented an instance in which several members of the agency's board of directors designed and conducted a study of staff attitudes about the hiring and promotion of minority groups and women. This innovative response by the agency executive to the directive of the federal government offered opportunity for the policy makers to receive direct feedback from staff concerning hiring policies and enabled compliance with the federal requirement.

The executive director asked the research staff to work with several board members toward the development of a research project. A small committee of board members worked with a research person in designing a questionnaire and interview guide. The committee planned to interview a representative sample of staff. They wanted to compare the responses of this group with the responses of the remainder of the staff protected by the anonymity of a questionnaire. Both techniques were desired by the committee as they were concerned that staff may be reluctant to report their attitudes honestly in an interview because of the authority of the committee members in the agency.

Despite their sophistication about research, the board committee expressed considerable anxiety about conducting the interviews. A session to train them in interview techniques revealed concern both that staff might be uncommunicative and unresponsive and, on the other hand, that the questionnaire might be opening a Pandora's box. Both the structured interview guide, which could be used flexibly as the interviewer's comfort increased, and the interviewer training session helped to relieve some of the anxiety. Each of the three committee members held 30 minute interviews with six staff persons.

In addition to the information provided to agency board of directors and administrators, this project enabled some staff and board members to have direct contact with each other. The interviews progressed without incident and the committee members enjoyed the experience of talking with staff. Responses to the questions were candid providing rich data. Staff comments about the interviews were also favorable. Initial reticence of some staff soon dissipated as they became involved in the interviews.

## A STUDY OF STAFF ATTITUDES ABOUT HIRING AND PROMOTION

Chicago Child Care Society, along with other agencies receiving any federal funding, is required by the U.S. Department of Labor to develop a written plan of action in relation to the employment and promotion of both minority persons and women. As part of this plan, or Affirmative Action Program, a study of staff opinion about hiring and promotion was undertaken in May and June, 1973. Mrs. Obenhaus asked the agency research staff to work in conjunction with a small committee of board members on the design of the project. This report consists of the study and analysis of staff attitudes about agency practices of hiring and promotion.

The study as designed included paper and pencil questionnaires distributed to the entire staff and interviews conducted with a sampling of the staff. Both instruments were designed to gather data about agency practices specifically in relation to the hiring and advancement of minority persons. Respondents were also asked some general information about themselves, such as "employment position" and "length of time employed in the agency."

This report consists largely of a description of the data. Unless otherwise specified, the data cited are taken from the written questionnaires.

## Description of Sample

*Questionnaire respondents.* Questionnaires were given to all staff, including those persons who were interviewed. A total of 50 out of 60 questionnaires were returned (83 percent). Table 1 shows the breakdown of this group by position in the agency.

**Table 1. Positions of Staff Completing Questionnaire**

| Position | Number |
|---|---|
| Teaching | 7 |
| Social Work | 23[1] |
| Clerical | 3 |
| Administration | 3 |
| Research | 2 |
| Maintenance and Housekeeping | 4 |
| Other Staff | 6[2] |
| Unknown | 2 |
| Total | 50 |

Sixty percent of the staff who completed the questionnaire have been employed by the agency for 5 years or less. The length of employment of all respondents ranged from less than 1 year (10 persons) to more than 20 years (3 persons).

*Interview respondents.* A sample of 18 persons were interviewed by three members of the Affirmative Action Committee. Half of the persons interviewed were black and half were white.[3] The sample was selected to include a representative number of persons from various departments or positions in the agency. The interviewers, Mrs. Hawkinson, Mrs. Kirby, and Mrs. Martin, each interviewed black and white employees in a scattering of positions. The position and race of interviewees are reported in Table 2.

**Table 2. Number of Staff Interviewed by Position and Race**

| Position | Race | | |
|---|---|---|---|
| | Black | White | Total |
| Teaching | 2 | 2 | 4 |
| Social Work | 4 | 3 | 7 |
| Secretarial | 1 | 2 | 3 |
| Research | | 1 | 1 |
| Administration | | 1 | 1 |
| Maintenance and Housekeeping | 1 | | 1 |
| Other — Foster Grandparents | 1 | | 1 |
| TOTAL | 9 | 9 | 18 |

1. This figure includes 5 casework students.
2. This category includes foster grandparents and medical staff. (These positions were grouped to provide greater anonymity.)
3. The racial composition of this sample does not reflect the racial composition of the staff, which at the time of the study was 40% black. Because the Committee was especially interested in the opinions of the black staff, a higher proportion of black persons were interviewed.

The length of time these persons have been employed in the agency ranged from less than one year to more than 20 years. Most of the interviewees have been employed from 6-10 years (13 persons).

**Hiring and Recruitment**

*Hiring criteria.* There was little agreement among staff about the major criteria for hiring being used by the administration. Responses seemed to vary somewhat with position in the agency. For example, foster-grandparents gave a very high ranking to *age* as a criterion for hiring. The clerical and research staff ranked *ability to work with others* as a high priority.

Without exception the entire staff ranked *education* and *training* as criteria for hiring, whereas *age* and *favorable personal appearance* were generally ranked quite low. There was great variation in the ranking of other items.

Of major interest in this item, however, was the importance given to race as a criterion for hiring. Staff members were asked to rate what they thought the administration considered to be important criteria for hiring and then to rate the criteria they considered important for hiring. Staff felt administration placed more emphasis on race than staff would if they were doing the hiring. Only 36% of the staff thought race should be within the top five criteria for hiring, whereas 42% of the respondents thought administration would consider race within the top five priorities. Social work supervisors were the only staff group whose members consistently felt race should be among the top five priorities for hiring.

The 18 persons interviewed were asked about the characteristics or qualifications they felt might interest the agency in hiring someone in their position. There were no fixed choices given as there were in the questionnaire. Not one of the respondents gave race as a characteristic or qualification for hiring. Then when asked if they felt race had any significance in hiring persons in the agency, 72% felt that race was significant. When asked how important race *should* be in hiring, again 72% of those interviewed felt it was important primarily because of the client population served by the agency.

In comparing the race of the respondents with staff feelings about the importance of race hiring, 89% of the black staff interviewed (8 of 9 interviewees) felt race was very important. Only about half of the white staff (55%) responded that race was an important consideration.

*Hiring practices.* Most staff seemed to feel positively about the agency's hiring practices: seventy-two percent of the staff responded that agency practices were good, reasonable, or fair, and that honest efforts were being made to hire capable minority applicants. Fourteen percent felt that more needed to be done. Most respondents suggested hiring more black staff and more men;

one person suggested hiring a Spanish speaking person. The suggestions came primarily from the casework staff (71%).[1]

In the interviews, the percentages of persons who felt hiring practices were satisfactory and persons who felt more needed to be done were not markedly different from the responses to the questionnaire. All staff who felt more needed to be done were social workers. There was no association between the race of the respondent and his impression about hiring practices. Of those persons who felt hiring practices were good, fair, etc., 50% were black and 50% were white.

*Effectiveness of current service.* Comments about the effectiveness of serving a predominately black clientele with a predominately white staff were varied. Despite the current staff-client racial composition, thirty-four percent of the staff felt that there were no problems with the service. Of this group almost a quarter (22 percent) felt client service was satisfactory but that improvements could be made. Improvements were definitely encouraged by 18 percent of staff. Another 36 percent either didn't know how things were working or didn't respond to the question; four additional persons gave unclassifiable responses.

Of the 40% of the staff who made suggestions for improving our service, 17 persons felt there was a need for more black staff. Two persons from this group suggested that black staff be represented on all levels and in all departments; five specified a need to hire more black males. In addition, one person recommended increased sensitivity to our lower class clients regardless of race; another person felt there was need for more open discussion of the issues and alternatives. Seventy percent of the suggestions came from social workers.

*Agency efforts to recruit minority persons.* When asked if sufficient effort had been made to recruit minority staff, over half of the staff (56%) responded affirmatively. Another fourteen percent felt that more needed to be done. Several of these people suggested opening new avenues for recruitment such as advertising in NASW, etc., contacting the Association of Black Social Workers and local schools of social work to explore the possibility of recruiting potential employees. It was also suggested that we recruit black paraprofessionals and B.A. workers. One person recommended actively recruiting black males specifically.

The data from the interviews were essentially the same. Exactly half of the staff interviewed felt that sufficient efforts had been made to recruit minority persons. Twenty-two percent (four persons) of the interviewed staff felt the agency had not made sufficient efforts and more needed to be done; this group included three black respondents. Responses from both the interviews and the

1. Through this paper only the percentages for completed questions will be routinely reported. The reader will remember that 17% of the questionnaires were not returned; approximately 15-20% of those returned had some incomplete or unclassifiable responses.

questionnaires revealed a certain percentage of the staff (17% and 18%) felt they could not answer the question as they were unclear about, or had no knowledge of, the agency's recruitment efforts.

Again the casework staff was most critical of the agency's recruitment efforts. Fifty-six percent of the suggestions made in the questionnaire and 75% of the suggestions made in the interviews were from casework staff.[1]

*Suggestions for hiring and recruitment.* When asked specifically for suggestions about hiring and recruitment, thirty-six percent of the staff who responded to the questionnaire did not volunteer suggestions. Another 40 percent were quite prolific in offering a variety of suggestions. Of this group seven persons (30 percent) felt a more active recruitment program was needed,[2] and 26 percent suggested hiring more men. One person suggested hiring men in private practice who might work for us on a part-time basis; three specified hiring a black man who might carry administrative responsibility. Another three persons suggested hiring indigenous workers, or paraprofessionals, to be trained by the agency. Two thought higher salaries should be provided across the board to attract workers.

Other individuals suggested the agency hire more experienced people, specifically older persons, develop a more rigorous period of probation, and hire people for limited periods of employment, such as for 2-3 year contracts. Another person felt hiring practices needed to be clarified.

Fifty percent of the persons interviewed had no suggestions for hiring and recruitment. Of the 44% who did, the range of suggestions reflected the range of the questionnaire responses.

The majority (85%) of suggestions were made by the teaching and social work staff in both the questionnaire and the interview.

A comparison of race and suggestions about hiring and recruitment seemed to yield a difference in response. Of the 50% of the interviewees who had no suggestions, 67 percent were white. The racial composition of the group offering suggestions was almost exactly reversed—sixty-three percent were black and 27% were white.

### Promotional Practices

*Promotions.* The staff members interviewed were asked to give their ideas about how promotions are granted in the agency. Of these 18 persons six felt job qualifications and seniority were the most important criteria for advancement; three people felt advancements came through additional re-

1. Since the casework staff is *at least* triple the size of other staff as delineated in this report, the fact they have made most of the suggestions is not necessarily significant.

2. These respondents suggested advertising in newspapers and professional journals, contacting other agencies, local schools of social work, the Association of Black Social Workers, and announcing to all staff about vacancies when they occur.

sponsibility or salary increments. Another five people thought that opportunities for promotion within the agency did not exist, and three persons did not know how promotions were granted. Neither the race of the respondent nor position in the agency seemed to be related to the interviewee's response.

In the questionnaire respondents were asked to rank the qualifications on which they felt promotions were based. Outside of the relatively high ranking given *experience,* and the low ranking given *sex,* there seemed to be little agreement among staff, even within different positions or departments, about how promotions were granted.[1] Teaching staff was the most consistent in ranking such qualifications as *willingness to learn and accept responsibility,* and *ability to work cooperatively with others* within the top four priorities. Only one person from the entire group listed race within the top five rankings.

*Opportunities for advancement.* Thirty-four respondents (68%) believed that the agency offered equal opportunities for advancement. Two persons within this group qualified their responses and added that B.A. caseworkers were an exception, and did not have opportunities for promotion.

Only 14 percent of the staff did not feel there were equal advancement opportunities. Of this group of seven, two persons felt that *new* people were hired to fill vacancies particularly in the Child & Family Development Center, and two commented that there was no place to advance in the agency. Other comments were that staff was unaware of promotions until after they were made, that the same people seemed to be called upon to perform tasks, and that advancement practices were "part and parcel of racism and sexism."

The data from the interviews revealed respondents were more critical of advancement practices—only 44 percent felt there were equal opportunities for advancement. Another difference occurred in the greater percentage of interviewees who felt they had no knowledge of how promotions were granted—22% as opposed to 6% of the total staff sample. In both the interviews and the questionnaires the casework and teaching staff comprised the group who did not feel there were equal advancement opportunities.

Attitudes toward advancement practices and length of time in the agency were also compared on the assumption that the new, or younger, staff might be more critical of agency practices. This proved to be a false assumption in that there were proportionately fewer negative responses from staff employed for five years or less than there were from staff employed 16 years or more. Also race did not seem to be significantly related to attitudes toward advancement. While 62 percent of the white interviewees were satisfied with advancement practices, exactly half of the black staff and half of white staff responding to the questionnaire were dissatisfied.

1. It should be noted that 52 percent of the respondents did not answer this question.

*Suggestions about promotions.* Suggestions about altering advancement practices were made by 28 percent of the staff. A range of interesting and creative suggestions were made. Four persons recommended the administration post announcements of positions being vacated so interested persons could apply; three suggested developing advancement opportunities for staff members with seniority and experience. Other suggestions were the following: to institute a merit system in which staff can be rewarded by salary increases; to develop a line of promotion for B.A. workers; to develop advancement opportunities for a black male; to open additional paths to advancement in treatment, teaching, etc.; to revolve positions to allow more people advancement opportunities; to lower the retirement age; and to offer more sabbatical leaves.

While a higher percentage of interviewees (44 percent) offered suggestions for advancement, these fell within the same range. Again, most of the suggestions came from the social work and teaching staffs. Over half (57%) of the suggestions were made by black staff.

**Summary and Conclusions**

Overall, staff seemed to feel agency hiring practices were fair and that the administration was making efforts to hire minority applicants. Most of the 14 percent of the respondents who felt more needed to be done about hiring suggested employing more black staff and more men.

The data from the interviews indicated black staff were more concerned about hiring minorities than were white staff; 89 percent of the black staff interviewed thought race was important because our client population is predominantly black. Black interviewees also offered more suggestions about hiring and promotion than did white interviewees.

Most of the staff also felt the agency offered equal opportunities for advancement. Only 14 percent of the respondents thought promotional opportunities did not exist.[1] There was no correlation between the race of the respondent and attitude about promotion.

A sizable staff group (about 36%) expressed confusion or had no knowledge of the agency's hiring and/or promotional practices. Several persons suggested that these practices, particularly related to promotion, be clarified.

The data from the interviews and the questionnaires were almost identical. It should be noted that the percentage differences in the responses to the questionnaires and the interviews can be misleading as the sample numbers were so small. A shift of one or two responses would have made the data identical.

1. While the percentages of persons who expressed dissatisfaction with the hiring and promotional practices was the same (14%), this in not predominately the same group of people. Throughout the questionnaire different persons seemed to be concerned about different issues.

The similarity of the data from the questionnaires and interviews offered some confirmation of the validity of the instruments. The content of the interviews was as rich as the data from the questionnaires. It can be assumed that staff felt comfortable in discussing their opinions in the interviews despite loss of anonymity. All staff appeared to give thoughtful and candid responses to the questions.

* * *

## 7. CHILDATA SYSTEM

At a time when modern management techniques are apparent in many facets of life, social workers also are being affected by technological advances in their jobs. A computerized data system, Childata, was implemented at Chicago Child Care in June of 1972. This information system, developed under the auspices of the Council for Community Services in Metropolitan Chicago, was designed to assist agency management, practitioners, and community planning agencies to provide better care for children in need of special services. It was hoped that all voluntary child welfare agencies in the city would eventually use the system, thus providing a comprehensive data bank containing hard facts on children in care in Chicago.

The introduction of the Childata system to CCCS was preceded by participation of agency research staff in planning the system and preparing the staff. The research director had served as a consultant on Childata's development. A research staff member worked with supervisors on a major review of agency forms and record keeping procedures analyzing the "fit" of our manual reporting systems to the Childata system. Periodic meetings with staff members were scheduled to inform them of the progress of Childata.

When the day finally arrived for Childata to be implemented, the research staff, armed with plenty of sleep, coffee, and doughnuts, was prepared to help caseworkers enter cases into the system. Tables were assembled in a room large enough to accommodate all staff, and workers were asked to free their calendars for the entire day. This was Childata Day!

While the process of entering the cases was tedious and exhausting, the day progressed favorably. Research staff members moved from worker to worker responding to questions and assisting in the completion of forms. Good spirits prevailed amidst moans and groans good naturedly verbalized by caseworkers and researchers. The agency executive director appeared periodically to offer support, and the doughnut plates were kept filled. Because of the success of this all-day working session, this procedure was repeated a year later when a major revision of the system required information change on all cases. Workers again spent an entire day reentering cases into the system.

After almost three years experience with Childata its utility to the agency is minimal. Caseworkers view Childata as yet another form they are expected to complete, which replicates other agency reporting procedures. While it was hoped Childata might replace some forms, as yet this has not materialized due to delays in return of material to the agency, and in-agency reporting inconsistencies. Caseworkers do not find the information contained in Childata particularly useful in their work. This frustration is inherent in the system as it was not designed for caseworkers but for administrators, management, and planning personnel. Also, conceptually the system is awkward for the practitioner to use. It isolates the child as the unit of service or primary client, at a time when agencies are more interested in the family as the unit of service.

Despite these difficulties the system has had advantages for the agency. Its inception revealed deficits in the agency's record keeping system which ultimately resulted in a revision of these procedures. The introduction of Childata uncovered inconsistencies in case reporting and inefficiency of some manual procedures. For example, a great deal of information about cases was transmitted in the agency by word of mouth to a member of the clerical staff who had been with the agency for many years. This person and other more senior staff had knowledge about most of the children for whom the agency was responsible. With the agency's growing size and changing caseload, these informal procedures resulted in consistent and incomplete records. Reluctantly abandoning a time when many staff members had personal knowledge of each child served, an attempt was made to develop more systematic reporting procedures. (However, many of the old ways still persist!)

In addition to initiating more accurate and comprehensive case reporting, Childata provides current data for small agency projects. Responses to staff questions about agency caseload can be made quickly through data provided in the monthly reports. For example, in anticipation of the fee system discussed earlier, staff was interested in the number of clients with incomes below

the poverty level. A quick tabulation provided information about income as well as other statistics on family size and composition.

Growing concern about the limited utility of Childata to the caseworker, upon whom the system is dependent, prompted research staff to conduct a series of workshops with staff. The purpose of the workshops was to discuss caseworkers' concerns and difficulties in working with Childata and to find out what kind of case information would be most helpful. Suggestions were abundant, particularly concerning some of the mechanics of the system. The more difficult question of information needed by practitioners to manage their cases both interested and puzzled caseworkers. They maintained that hard facts about a case, and those most easily recorded in an information system, were less important than their feeling about clients and the interaction in the interview. These judgment data, essential to casework practice, are difficult at best to articulate and conceptualize, and therefore almost impossible to operationalize. While caseworkers insisted that hard data were not enough, they could not tell the research staff what kinds of soft data they needed to carry their cases. This dilemma seems to reflect the difficulty common to helping professions in defining what is done and how it is done. Social workers perhaps even less than other mental health professionals fall victim to the "magic" of casework.

Despite some of the immaturities and problems evidenced in this data system, it offers a promising beginning toward a more sophisticated use of modern technology in social work. These growing pains have been shared with staff and their cooperation and involvement in the system have been high. (Few agency procedures provoke more feeling from staff.) They have been involved in the implementation of the system and in its periodic revisions. Despite sporadic protestations, an air of acceptance seems to be evolving with increased recognition that social workers cannot escape the age of computers.

Bring on the doughnuts!

# Part III

# Conclusions

## 8. SOME THOUGHTS ABOUT THE USES OF RESEARCH IN A SOCIAL WORK AGENCY

From this story of the working relationship between research and practice at CCCS, it seems evident that the practitioner wants the knowledge generated by research. Faced with many questions in practice, it is useful to the practitioner if research can pick up on a few of these questions and begin to provide some data on which to base decisions.

At the same time research makes the practitioner uncomfortable. It has an evaluative component. It forces careful consideration of what is being done. Research may modify the course of treatment since there is implicit an intellectual obligation to accept and use research findings. However, there may be a conflict between research findings and the caseworker's ideas acquired through years of practice. Indeed, there may be a question as to which is correct. Acceptance and use of research results is facilitated if the practitioner has been a part of the process which generated the findings.

What are some reasons for the success of the research program at CCCS? Generally, there has been an awareness of discomfort and an effort to minimize it, and casework, supervisory, and administrative staff have been engaged as participants in the research process. Questions chosen for study have been generated by agency staff, and various staff groups have worked in

developing the research design and measuring instruments. Research findings have been discussed with staff with emphasis on implications for practice. Administrative support has been strong. Research staff members have also worked with practitioners, sharing their world in discussing case problems, carrying some cases, and participating in various types of staff meetings.

A mix of long-term studies which may make a basic contribution to the field have been worked with as well as short-term studies which pick up a small question from practice and feed back some information within three or four months. Some of the latter have been published; some have been valuable only within the agency. Without doubt, the most exciting work has been with the smaller studies. In these, practitioners and research staff have worked together from generation of the question through utilization of the findings. It is quite possible that accumulated information, as one small study builds on another, may be more valuable to the field than that generated in long-term studies.

Even when research becomes part of the fabric of an agency, question must continually be raised as to whether it is fulfilling its responsibility.

First, are the assumptions which underlie practice at CCCS being tested? Important factors in moving toward testing these assumptions are the growing willingness of workers to identify troubling practice questions, to submit their practice to examination (not an easy task), to balance their practice knowledge and new data, and to use findings in practice as appropriate.

Second, is the general fund of social work knowledge being supplemented? This happens when practice is examined in terms relevant to others in the field—with appropriate questions asked, commonly used theoretical frameworks tested, sound data generated—and when findings are communicated. Certainly it is through the gradual accumulation of empirically based data from many sources that social work will eventually be able to assess its practice principles and improve services.

One issue remains in a discussion of research in practice. The limiting condition for all social work research is lack of a strong theory, a framework within which discovered facts can be ordered and organized. One can hope that continuing validation of practice principles will build toward such a theory. Does theory come from this process? Or perhaps social work is in need of the creative idea—a new way of looking at facts, a new way of organizing practice principles, and a new model for research.